

ACT AUDITOR–GENERAL’S REPORT
REFERRAL PROCESSES FOR THE SUPPORT
OF VULNERABLE CHILDREN
REPORT NO. 7 / 2019

© Australian Capital Territory, Canberra 2019

ISSN 2204-700X (Print)

ISSN 2204-7018 (Online)

This work is copyright. Apart from any use as permitted under the *Copyright Act 1968*, no part may be reproduced by any process without written permission from the Territory Records Office, Shared Services, Chief Minister, Treasury and Economic Development Directorate, ACT Government, GPO Box 158 Canberra City ACT 2601.

ACT Audit Office

The roles and responsibilities of the Auditor-General are set out in the *Auditor-General Act 1996*.

The Auditor-General is an Officer of the ACT Legislative Assembly.

The ACT Audit Office undertakes audits on financial statements of Government agencies, and the Territory's consolidated financial statements.

The Office also conducts performance audits, to examine whether a Government agency is carrying out its activities effectively and efficiently and in compliance with relevant legislation.

The Office acts independently of the Government and reports the results of its audits directly to the ACT Legislative Assembly.

Accessibility Statement

The ACT Audit Office is committed to making its information accessible to as many people as possible. If you have difficulty reading a standard printed document, and would like to receive this publication in an alternative format, please telephone the Office on (02) 6207 0833.

If English is not your first language and you require the assistance of a Translating and Interpreting Service, please telephone Canberra Connect on 13 22 81.

If you are deaf or hearing impaired and require assistance, please telephone the National Relay Service on 13 36 77.

Audit Team

Brett Stanton
Elizabeth Cusack
Hayley Tonkin
John McWilliam

The support of Rachel Gilbertson and David Kelly is appreciated.

Produced for the ACT Audit Office by Publishing Services, Shared Services, Chief Minister, Treasury and Economic Development Directorate, ACT Government

Publication No. 19/0726

ACT Government Homepage address is: <http://www.act.gov.au>

PA 17/18

The Speaker
ACT Legislative Assembly
Civic Square, London Circuit
CANBERRA ACT 2601

Dear Madam Speaker

I am pleased to forward to you a Performance Audit Report titled 'Referral processes for the support of vulnerable children' for tabling in the Legislative Assembly pursuant to Subsection 17(5) of the *Auditor-General Act 1996*.

Yours sincerely



Mr Michael Harris
Auditor-General
27 June 2019

CONTENTS

Summary	1
Conclusions.....	1
Key findings	2
Recommendations.....	10
Agency response.....	11
1 Introduction	13
Early childhood	13
Universal and targeted early childhood services	19
ACT Government programs and services for children and families.....	21
Audit objective and scope	23
Audit criteria, approach and method	24
2 Universal early family support services	27
Summary.....	27
Maternal and Child Health service	30
Child and Family Centres	50
Child Development Service.....	55
3 Referrals from universal early family support services.....	63
Summary.....	63
Maternal and Child Health service	65
Child and Family Centres	73
Child Development Service.....	82
4 Monitoring and reporting.....	89
Summary.....	89
Monitoring and reporting of services for vulnerable children and families	92
Cross-agency initiatives for vulnerable families and children	101
Appendix A: ACT Government programs and services.....	111
Community Services Directorate.....	111
Health Directorate.....	114

SUMMARY

Experiences from birth to five years play an important part in shaping the health, wellbeing and development of a child and the adult they become. The importance of early childhood services, and the benefits for the individual as well as the broader community, is well recognised. For example, the *2015 Australian Early Development Census – Results for the ACT* (2016) report notes ‘Research has shown that investing time, effort and resources in the early years of a child’s life has significant impacts on their behaviours, learning, health and wellbeing, as they transition from childhood to adulthood’.¹

It is particularly important to have effective processes in place to identify children who are vulnerable and to enable appropriate support to be provided to address their developmental and other needs. ACT Government agencies offer a range of programs and services to children and their families. These range from universal early services that provide early family support, such as regular developmental checks for babies and young children, to targeted and more intensive support for children and their families with identified developmental and other needs.

This audit considered universal early family support services provided by the Community Services Directorate and Canberra Health Services and their linkages to more targeted services and interventions.

Conclusions

UNIVERSAL EARLY FAMILY SUPPORT SERVICES

Universal early family support services such as the Maternal and Child Health service, Child and Family Centres and Child Development Service are an opportunity for ACT Government agencies to identify potentially vulnerable children and their families and their needs for support. They offer a non-stigmatised, non-judgmental service to all children and families, through a universal platform, from which the specific needs of vulnerable children and their families may be identified and addressed through referrals to other programs and services.

The Maternal and Child Health service in particular offers one of the best and most accessible universal contact points for families during pregnancy and birth. Maternal and Child Health nurses are significantly experienced in providing health care to mothers and children, including identifying their needs and vulnerabilities and identifying programs and services that may be of benefit and use to mothers and children. However, a sizeable proportion of children in the ACT, approximately 10.0 percent in 2018, are not receiving a universal first ‘home’ visit from the Maternal and Child Health service and there is poor take-up of free health and development checks offered by the Maternal and Child Health service for children up to the age of four. While this does not mean that mothers and children are not receiving appropriate health care, this represents a missed opportunity for ACT Government agencies to engage with these children and their families, some

¹ ACT Government, *2015 Australian Early Development Census – Results for the ACT*, 2016, page 6.

of whom are likely to have vulnerabilities and who would benefit from attention from the Maternal and Child Health service or referral to another program or service.

REFERRALS FROM UNIVERSAL EARLY FAMILY SUPPORT SERVICES

Once a universal family support service such as the Maternal and Child Health service, the Child and Family Centres or the Child Development Service engages with a child or their family there is evidence of a range of services and supports put in place for the child and the family to address their specific needs and vulnerabilities. All universal family support services demonstrated linkages with, and referrals to, a range of other programs and services, including those offered by ACT Government agencies and those offered by external providers such as community organisations. However, referral processes from the universal early family support services could be strengthened by better, more comprehensive administrative and procedural guidance for staff and practitioners, particularly with respect to practical, administrative guidance for staff on processes for referrals to other programs and services.

MONITORING AND REPORTING

There is an opportunity to improve public reporting and accountability for the delivery of services to vulnerable children and their families. Neither Canberra Health Services or the Community Services Directorate has Strategic Indicators or Accountability Indicators that provide meaningful information on the effectiveness of programs and services to vulnerable children and their families. A cross-agency performance and accountability framework, which was identified as a key activity associated with the *Human Services Blueprint* (2014) was intended to 'promote shared responsibility and accountability across the system for joined up responses, whilst ensuring ongoing and simultaneous improvements'. This has not been progressed as envisaged and there has been no framework for planning and accountability across ACT Government agencies for the delivery of services to vulnerable children and their families (although a draft framework is expected to be prepared by June 2019).

Key findings

UNIVERSAL EARLY FAMILY SUPPORT SERVICES

Paragraph

The Maternal and Child Health service seeks to provide a universal first 'home' visit to all babies born in the ACT with a registered ACT address. The universal home visit provides an opportunity for Maternal and Child Health nurses to identify a child (and family) that may have vulnerabilities and to refer them to appropriate support services. It is intended to occur between one to four weeks after the birth of a child and is a significant opportunity to introduce new mothers (and their children) to maternal and child health services specifically, and ACT Government services generally. It is voluntary for mothers to participate. Analysis of attendance at Maternal and Child Health service universal home visits shows in 2018 up to 468 children born in the ACT with a registered ACT address did not attend the universal home visit offered by the Maternal and Child Health service (10.0 percent of all

2.27

children born in the ACT with a registered ACT address). This may be for a variety of reasons and may be a significant missed opportunity to engage with these children and their families.

The Maternal and Child Health service offers health and development checks for children. The health and development checks seek to monitor children's growth and facilitate early intervention and treatment as necessary. Following the universal first 'home' visit, a further eight health and development checks are offered at intervals up to four years old. Analysis of the proportion of ACT children undergoing health and development checks in 2017 and 2018 shows for each year there was generally decreasing take-up by ACT children at developmental checks as they age and between 2017 and 2018 the proportion of children attending comparable developmental checks has declined. Children (and their mothers) may be receiving health care through general practitioners or other community-based health services. However, this cannot be assured with any certainty. The decreasing take-up of developmental checks removes an opportunity for Maternal and Child Health nurses, who have a depth and breadth of experience in the provision of health care to mothers and children, to identify emerging developmental or other concerns, or to provide advice on available supports. 2.33

The Maternal and Child Health service provides immunisation services to ACT children according to the National Immunisation Schedule. In 2018 the average number of occasions of service associated with the immunisation clinics offered by the Maternal and Child Health service was 1,175, which was an increase of 24.4 percent over the average number of occasions of service for 2017. The Canberra Health Services advised that the introduction of the childhood influenza vaccine in 2018 was a contributing factor to the significantly higher occasions of service during the April to August period. Immunisation services offered by the Maternal and Child Health service potentially offer another opportunity for contact between the Maternal and Child Health service and children and their families, although this is diminished by the use of non-Maternal and Child Health nurses to provide the immunisations and because the Maternal and Child Health service is only funded to immunise 40 percent of the eligible population. Nevertheless, offering an immunisation service at a Child Health Clinic or Child and Family Centre provides an opportunity for ongoing engagement with families and carers. 2.39

The Maternal and Child Health service offers drop-in clinics and booked clinics to children and their mothers. Drop-in clinics are intended to be casual and available for 'brief visits between booked appointments' while booked clinics are intended to offer more detailed support. In 2018 the monthly average number of occasions of service associated with the clinics offered by the Maternal and Child Health service was 1,689, which was a decrease of 8.6 percent from the monthly average number of occasions of service for 2017. The number of occasions of service for clinics is generally trending down, although it is apparent that there is some variability from month to month. Drop-in clinics and booked clinics offered by the Maternal and Child Health service offer a useful opportunity for contact between the Maternal and Child Health service and children and their families, including those who may be potentially vulnerable. 2.47

The Maternal and Child Health service offers a range of group sessions for more intensive support to mothers and their children, including the Early Days Group, Sleep Group and New Parents Support Group. These group sessions offer more detailed, ongoing support depending on the needs of the family. There has been a significant increase in the number of occasions of service for the Early Days Groups, from a monthly average of 90 in 2017 to 107 in 2018 (an increase of 15.8 percent). However, the number of occasions of service for the Sleep Groups and New Parents Support Groups is generally declining over time: the monthly average number of occasions of service for Sleep Groups in 2018 was 45 (a decrease of 4.4 percent compared to 2017); and the monthly average number of occasions of service for New Parents Groups in 2018 was 280 (a decrease of 13.3 percent compared to 2017). The group sessions offered by the Maternal and Child Health service offer a useful opportunity for contact between the Maternal and Child Health service and children and their families, including those who may be potentially vulnerable.

2.61

The Child and Family Centres provide a 'one stop shop' for families with young children to promote the Community Services Directorate's approach to providing culturally safe, inclusive and non-stigmatising services and supports. The number of occasions of service provided by the Child and Family Centres has steadily increased in the three years to 2017-18, with a total of 9,863 occasions of service reported in 2017-18 (an increase of 14 percent over 2016-17). In 2018 each of the three Child and Family Centres reported having an average of 75 active cases, although this varied across the centres, ranging from 94 at Gungahlin to 55 at West Belconnen.

2.78

A review of Child and Family Centre files shows that the Centres routinely documented the source of referral to the Centre, i.e. the initial catalyst for attendance. In just over half of the files examined, clients attended on their own initiative, i.e. self-referral. It is noted, however, that although a number of intake forms indicated self-referral this was often on the recommendation of a Maternal and Child Health nurse or other health professional, such as those involved in perinatal services at hospitals. The other files explicitly acknowledged and documented a range of other sources of referrals, including the Maternal and Child Health service and the Child and Youth Protection Service. This demonstrates that there is a knowledge and awareness of the Child and Family Centres and their services across a range of government and non-government agencies and services.

2.83

The Child Development Service offers 'assessment, referral, information and linkages for children 0-6 years where there are concerns relating to their development'. This includes a range of one-on-one programs and services as well as group sessions for parents and children. In 2018 a total of 1,577 new referrals were received by the Child Development Service, with an average of 117 per month. The average number of Child Development Service cases that remained open each month in 2018 was 1,404. The average number of Child Development Service cases that remained open each month has been trending upwards.

2.98

An important activity of the Child Development Service is undertaking assessments of children who may be suspected of having Autism Spectrum Disorder. The Child Development Service offers a comprehensive, multidisciplinary autism assessment service that includes the use of interviews, diagnostic assessment tools and

2.106

observations of the child in a natural social setting. In 2018 the monthly maximum wait times for Autism Spectrum Disorder diagnostic assessments ranged between nine and twelve months, although there has been a decrease in the number of children waiting for an Autism Spectrum Disorder diagnostic assessment, from 133 in January 2018 to between 90 and 97 between September and December 2018. Delays in receiving an Autism Spectrum Disorder assessment, particularly at such an important and evolving stage of development in a child's life, presents a risk to the development of the child and the opportunity to provide appropriate interventions and supports. The Community Services Directorate is in the process of purchasing private psychology services to assist with Autism Spectrum Disorder assessments on behalf of the Child Development Service. It is expected that this will assist in addressing wait times and delays in receiving assessments.

A review of Child Development Service files shows that sources of referrals are routinely documented, i.e. the initial catalyst for attendance. For seven of the ten files, the source of the referral was identified as a self-referral by the parent or carer, usually at a Child Development Service drop-in clinic. In three of these files, however, it was apparent that the self-referral followed consultation with other services, including the Maternal and Child Health service in two instances. In three other instances there were explicit and documented referrals from the Winnunga Nimmityjah Aboriginal Health Service, a Child and Family Centre and a hospital physiotherapist. This demonstrates that there is a knowledge and awareness of the Child Development Service and its services across a range of government and non-government agencies and services.

2.113

REFERRALS FROM UNIVERSAL EARLY FAMILY SUPPORT SERVICES

Paragraph

The Maternal and Child Health service has developed a series of policy and procedural guidance documents that provide information on the model of care and clinical practices to be followed for services to children and their mothers. These documents also provide comprehensive information on the programs and services that are offered through the Maternal and Child Health service, as well as eligibility criteria and requirements for these services. Collectively the documents provide comprehensive clinical guidance to Maternal and Child Health nurses to identify potentially vulnerable children and their families. There is, however, little practical administrative guidance for Maternal and Child Health nurses for processes for referrals to other programs and services, including:

3.13

- communication protocols with other programs and services, particularly external agencies; and
- procedures for follow-up of referrals, including procedures to identify whether and how a client had actually attended the other program or service, and actions to be taken if the client did not.

A review of 26 Maternal and Child Health service files showed that mothers (and their children) received a wide range of services through the initial contact and communication with the Maternal and Child Health service. The average number of occasions of service was ten, with the number of occasions of service ranging between one and 28 across the files reviewed. Five children were referred to other programs and services within the Maternal and Child Health service, including Sleep

3.23

Groups and Early Days Groups. Eighteen children were referred to a range of other programs and services including the Women, Youth and Children Nutrition Service and general practitioners. When a referral was made to another Canberra Health Services service, including the Women, Youth and Children Nutrition Service or Physiotherapy Drop in Service, and the Child Development Service, the results of the referral were communicated to the Maternal and Child Health service and put on the client file with the consent of the parent. When Maternal and Child Health nurses referred clients to external programs and services (for example, to a paediatrician or to the Queen Elizabeth II Family Centre) the result of the referral was not included on the client file unless the parent provided the information during a subsequent Maternal and Child Health visit. The Maternal and Child Health service does not routinely follow-up or seek information on whether the referral was followed-through. This contributes to a lack of available follow up information for Maternal and Child Health nurses.

There are two Maternal and Child Health service programs that provide more intensive support for vulnerable children and families in the ACT: the Parenting Enhancement Program, which is operated by the Maternal and Child Health service; and the Integrated Multi-agencies for Parent and Children Together Program (IMPACT), which is operated by the Maternal and Child Health service, but includes professionals from other business units and services to provide a multi-disciplinary approach to care. In 2018 there was a total of 5,834 occasions of service reported for both of these programs (a decrease of 12.5 percent compared to 2017) with an average of 485 occasions of service for each month. The programs are an example of enhanced parenting support provided to vulnerable families and children. 3.35

The Community Services Directorate has developed policy and procedural guidance documents for staff that provide information on the model of care and clinical practices to be followed for services to children and families. Collectively the documents provide clinical guidance to Child and Family Centre staff to provide escalating support to children and families, including those that are potentially vulnerable. There is, however, little practical administrative guidance for Child and Family Centre staff with respect to processes for referrals to other programs and services, including: 3.58

- communication protocols with other programs and services, particularly external agencies; and
- procedures for follow-up of referrals, including procedures to identify whether and how a client had actually attended the other program or service, and actions to be taken if the client did not.

The Community Services Directorate has commenced a project to develop an *Integrated Management System* for the Child Development Service and the Child and Family Centres. A key deliverable associated with the *Integrated Management System* is expected to be a complete set of policies, procedures and related resources, available for use and reference of Child and Family Centre and Child Development Service staff through an 'electronic portal'. 3.59

A review of 62 Child and Family Centre files showed that a number of families and their children were referred to a wide range of programs and services following 3.72

attendance at the Child and Family Centre. These included programs and services offered by other ACT Government services, including the Maternal and Child Health service and Child Development Service, and programs or services offered through other community organisations and groups. The referrals demonstrate that the Child and Family Centres are linking clients, including potentially vulnerable families and children, with a range of services suitable and appropriate to their needs.

In September 2017 a Memorandum of Understanding was agreed between the Community Services Directorate and former Health Directorate to support the commitment and aims of the Child and Family Centres. The Memorandum of Understanding provides a framework of principles for the delivery of services through the Child and Family Centres, as well as detailed information and guidance on administrative and operational matters associated with the co-location of the services. The development and implementation of the Memorandum of Understanding is a useful mechanism to improve administrative effectiveness and service delivery between the agencies. The Memorandum of Understanding provides for key senior executives from the two agencies to meet every six months for the purpose of strategically planning for service delivery at the Child and Family Centres and for quarterly reviews of the arrangement between the relevant Child and Family Centre Manager and the local Maternal and Child Health service Clinical Nurse Manager. The key senior executives from the two agencies have not formally met as required by the Memorandum of Understanding, nor is there visibility at an organisational level of any quarterly meetings that were to occur at a local level. The Audit Office was advised in May 2019 that six-monthly meetings dedicated to the Memorandum of Understanding and its implementation have now been scheduled.

3.90

MONITORING AND REPORTING

Paragraph

The Community Services Directorate has one Strategic Indicator and five Accountability Indicators of relevance to early support services for vulnerable children and families. The Strategic Indicator and Accountability Indicators are primarily activity-based; they provide information on the number of occasions of service that were provided, but do not provide information on the effectiveness of those services as measured by outcomes for children and their families, particularly those that are vulnerable. Publicly reported indicators that demonstrate effectiveness as well as activity would provide better accountability for an important component of the Community Services Directorate's delivery of early support services for vulnerable children and their families.

4.5

Canberra Health Services does not have Strategic Indicators or Accountability Indicators of relevance to the effectiveness of services and initiatives of Canberra Health Services for children and their families, including those that may be identified as vulnerable. Publicly reported indicators that demonstrate effectiveness would provide better accountability for an important component of the Canberra Health Services' service delivery.

4.10

The *ACT Aboriginal and Torres Strait Islander Agreement 2019-2028* (February 2019) includes a series of Action Plans developed around core and significant focus areas, one of which is *Children and Young People*. Associated with the outcome of 'Aboriginal and Torres Strait Islander children and young people growing up safely in

4.14

their families and communities' are a series of targets, some of which are directly relevant to early support services offered by ACT Government agencies. These are a useful development in providing public accountability and reporting on ACT Government agencies' services to Aboriginal and Torres Strait Islander children, some of whom may be identified as vulnerable.

In support of its *Community Services Directorate Business Plan 2017-18* the Community Services Directorate developed a series of Business Plan Outcomes and Indicators, which sought to provide information on early family support services provided through the Child and Family Centres and Child Development Service. This represented an attempt to provide more useful information on Child and Family Centre and Child Development Service programs and services to vulnerable families and children. The practice has been discontinued in 2018-19, but the Community Services Directorate advised that following the release of the *Empowering People: CSD Strategic Plan 2018-2028*, a Strategic Plan Integrated Planning Framework (for reporting outcomes) was in the process of being developed, including revised divisional plans. The Framework is intended to combine the directorate's strategic, organisational and division level planning to achieve the seven core outcomes of the Strategic Plan. If the Strategic Plan Integrated Planning Framework is implemented effectively, and useful and relevant Outcomes and Indicators are developed, it is expected to improve ongoing monitoring and reporting of programs and services to vulnerable children and their families.

4.21

Monthly reports on the activities of the Child and Family Centres and Child Development Service are prepared. The reports follow a consistent format, and provide information on a range of operational matters including case loads, numbers of group programs and a range of administrative matters including staffing movements and corporate governance arrangements. The monthly reports are primarily activity-based; they provide quantitative information on programs and services and sessions, but very little qualitative information on the effectiveness of service delivery for clients. The Community Services Directorate advised that the purpose of the reports is 'to provide an information snapshot and for discussions with managers' and 'the reports are a snapshot/at a glance reporting tool and not intended to be a comprehensive evaluation of the service outcomes. The monthly reports do not provide, on a regular and ongoing basis, information on the linkages between the Child and Family Centres and Child Development Service and other programs and services, including:

4.30

- sources of referrals to the services;
- other programs and services to which clients have been referred; and
- any outcomes that have been achieved for clients, including vulnerable children and families.

The Maternal and Child Health service prepares monthly reports on its programs and services including occasions of service for: Maternal and Child Health clinics; immunisation clinics; outreach clinics (including attendance at Canberra College Cares); New Parent Groups, Sleep Groups and Early Days Groups; and Parenting Enhancement Program / IMPACT Program services. The monthly reports report separately on occasions of service provided by the different Maternal and Child Health service teams across the ACT and also provide information on waiting times

4.38

and the number of non-attendances at key Maternal and Child service activities. The reports are informative and are used to inform program management and service delivery, but provide little information on the effectiveness of service delivery for clients.

The *Human Services Blueprint* (2014) identified an intention to develop a *Human Services Blueprint Accountability Framework* 'as a key accountability measure to support improved outcomes and ongoing improvement'. It noted that it would 'be essential in monitoring what we do differently and better, and how we know this effort has made a difference to Canberrans'. It was envisaged that the *Human Services Blueprint Accountability Framework* would 'promote shared responsibility and accountability across the system for joined up responses, whilst ensuring ongoing and simultaneous improvements'. The *Human Services Blueprint Accountability Framework* was not implemented as expected and there is currently no framework for planning and accountability across ACT Government agencies for the delivery of services to vulnerable families and children. 4.68

Between 2015 and 2018 an *Early Intervention by Design* project was progressed through the Human Services Cluster. In July 2018 an *Early Investment for the ACT: Directions from stakeholders* report was produced by a consultant for the purpose of the project. The report identified a series of actions and initiatives, which were intended to be implemented under five 'core domains'. The first key action to be undertaken was 'further development of an agreed **outcomes** framework to guide coherent action across the sectors'. The implementation of a performance and accountability framework across directorates, as initially envisaged in the *Human Services Blueprint* (2014), would assist in monitoring and reporting on cross-agency service delivery to vulnerable children and families. The development and implementation of such a framework should be implemented as a priority to guide directorate-specific and cross-agency policy development and program management and decision-making. The Community Services Directorate advised that it intends to complete a draft outcomes framework by 1 July 2019, which is to be 'further tested with the community and rolled out across services'. The Community Services Directorate has since progressed the *Early Intervention by Design* project as the *Early Support: Changing Systems, Changing Lives* initiative (the Initiative) and has developed a ten-year roadmap (to 2028-29) for a series of reforms across the human services system. 4.69

Recommendations

RECOMMENDATION 1 UNIVERSAL FIRST HOME VISIT

Canberra Health Services should identify opportunities to improve take-up of the universal first 'home' visit offered by the Maternal and Child Health service by:

- a) improving communication and coordination with maternity services and privately practising midwives in the ACT to promote the referral of babies born with a registered ACT address to the Maternal and Child Health service. This could also be through earlier ante-natal engagement or engagement at the hospital; and
- b) seeking information on, and analysing, reasons for non take-up in order to identify and remove any potential barriers to accessing the service.

RECOMMENDATION 2 HEALTH AND DEVELOPMENT CHECKS

Canberra Health Services should identify opportunities to improve take-up of the health and development checks offered by the Maternal and Child Health service by seeking and analysing reasons for non take-up in order to identify and remove any potential barriers to accessing the service.

RECOMMENDATION 3 ADMINISTRATIVE GUIDANCE

Canberra Health Services should develop administrative and procedural guidance for the Maternal and Child Health service for the referral of children and their families to other programs and services, including:

- a) communication protocols with other programs and services, particularly external agencies; and
- b) guidance for follow-up of referrals, including mechanisms to identify the take up rate of referrals and ongoing service response.

RECOMMENDATION 4 ADMINISTRATIVE GUIDANCE

As part of its development of an Integrated Management System for the Child Development Service and the Child and Family Centres, the Community Services Directorate should develop administrative and procedural guidance for the referral of children and their families to other programs and services, including:

- a) communication protocols with other programs and services, particularly external agencies; and
- b) guidance for follow-up of referrals, including mechanisms to identify the take up rate of referrals and ongoing service response.

RECOMMENDATION 5 STRENGTHENING SERVICE PLANNING

In order to improve program management and service delivery, and the collection of data and needs analysis information that informs strategic and systemic planning, the Canberra Health Services and the Community Services Directorate should regularly report on:

- a) identifying gaps in service pathways for clients and how these are being addressed;
- b) unmet need, where there is limited service capacity to provide timely responses to children and their families; and
- c) any emerging trends in referral patterns which may indicate changes to need, and/or which could be indicate of areas where additional early support capacity would be beneficial.

RECOMMENDATION 6 CROSS-AGENCY PERFORMANCE AND ACCOUNTABILITY FRAMEWORK

In order to improve cross-agency planning and delivery of services to vulnerable children and their families, the Community Services Directorate, as the lead agency for the *Early Support: Changing Systems, Changing Lives* initiative, should develop and implement a cross-agency performance and accountability framework that identifies:

- a) outcomes sought for vulnerable children and their families, including key strategic indicators of effectiveness in the delivery of the outcomes; and
- b) a mechanism by which:
 - i) agencies' individual contributions to the outcomes that are sought are identified; and
 - ii) agencies' individual contributions are regularly and publicly monitored and reported against.

Agency response

In accordance with subsection 18(2) of the *Auditor-General Act 1996*, Canberra Health Services, the Community Services Directorate and the Chief Minister, Treasury and Economic Development Directorate were provided with:

- a draft proposed report for comment. All comments are considered and required changes reflected in the final proposed report; and
- a final proposed report for further comment.

In accordance with subsection 18(3) of the *Auditor-General Act 1996* the Education Directorate were provided with extracts of the draft proposed report for comment.

Community Services Directorate response

The provision of support to vulnerable children and families is a key component of the work of Community Services Directorate and the broader human services system.

CSD welcomes the audit into the effectiveness of Referral processes for the support of vulnerable children as an opportunity to improve and further enhance how vulnerable children and families access support and assistance. I appreciate the extent to which the Audit Office has sought to understand the business of CSD and take into consideration the feedback and comments provided by CSD throughout the Audit process.

1 INTRODUCTION

Early childhood

- 1.1 Experiences from birth to five years play an important part in shaping the health, wellbeing and development of a child and the adult they become. Poor experiences and some psychosocial, development, neurological and physical conditions in early childhood can contribute to developmental challenges, which can lead to poor outcomes as an adult.
- 1.2 The importance of early childhood services, and the benefits for the individual as well as the broader community, is well recognised. For example, the *2015 Australian Early Development Census – Results for the ACT* (2016) report stated:
- Early childhood development is increasingly recognised as a key predictor of future outcomes for children. Research has shown that investing time, effort and resources in the early years of a child’s life has significant impacts on their behaviours, learning, health and wellbeing, as they transition from childhood to adulthood. Supporting early childhood development thus lays the basis for children to grow up with the skills to succeed, bringing benefits for them and the community as a whole.²
- 1.3 It is particularly important to have effective processes in place to identify children who are vulnerable and to enable appropriate support to be provided to address their developmental and other needs. It is also important for ACT government agencies to work together in the identification and referral of vulnerable children and their families to appropriate services and support.

Vulnerable families and children

- 1.4 There is no set definition of vulnerability for children (or their families) in the ACT. However, a number of publications have articulated the concept of vulnerability, the vulnerabilities faced by children and their families and the challenges in helping families overcome these vulnerabilities. For example, the *Review into the System Level Responses to Family Violence in the ACT* (2016) (Glanfield report) noted:
- A family, child or young person may experience vulnerability because:
- a parent, family member or carer may have a history of domestic and family violence, alcohol or substance abuse or misuse, mental ill health, chronic physical illness, low socioeconomic status or social isolation;
 - parents may be young, isolated, unsupported or have limited parenting skills;
 - the child or young person may have health, mental health, developmental issues or a disability; and
 - the family may be experiencing other forms of social exclusion.³

² ACT Government, *2015 Australian Early Development Census – Results for the ACT*, 2016, page 6.

³ Glanfield, L., *Review into the System Level Responses to Family Violence in the ACT*, April 2016 page 14.

- 1.5 The Community Services Directorate's Child Development Service *Responding to Families with Complex Needs* draft policy (undated) identifies many of the same characteristics identified in the Glanfield report, and notes that:

Canberra has a diverse community of unique families. The wellbeing of families may be adversely impacted by individual, parental, family and societal circumstances which are broadly referred to as 'vulnerabilities'. Families may experience vulnerability at any time and some of the related difficulties may inhibit access to appropriate support services. Examples of factors that might lead to vulnerability are poverty, single parenthood, cultural diversity, domestic violence, unemployment, relationship and family dynamics, depression, drug and alcohol abuse and social isolation.

- 1.6 The Canberra Health Services *Operational Escalation: Maternal and Child Health (MACH) Service* (2017) procedure identifies similar characteristics:

The evidence informs us that vulnerability is cumulative and that children in marginalised population groups are more likely to experience poor long-term health outcomes as a result of such barriers.

Using the following vulnerability framework there are three categories of vulnerability:

1. newborns are identified as being physically vulnerable;
2. children in families known to be part of vulnerable sub-groups of the population e.g. children of adolescent parents; and
3. children in families with complex needs where involvement of care and protection services is highly likely.

The importance of early intervention for vulnerable families and children

- 1.7 The Glanfield report identified the importance of early intervention and prevention services for vulnerable children and families:

Early intervention programs can be an effective method of improving outcomes for vulnerable children, young people and their families. Studies have shown early intervention can be a more cost-effective investment in the long term than later interventions. Primary (universal) and secondary support services, both in terms of addressing risk factors and protective factors, can play an important part in preventing child abuse and neglect. Early intervention initiatives not only benefit children, young people and their families, but also the community more broadly, which ultimately bears the economic and social costs of any failure to intervene effectively. Types of early intervention and prevention programs include:

- supported playgroups for children from birth to five years;
- home visiting programs (professional based);
- parenting and social support programs (professional and peer based);
- maternal health programs; and
- broader social and mental wellbeing programs.

- 1.8 A number of studies and other sources of data indicate the level of vulnerability that may be apparent in the ACT community, including *A Picture of ACT's Children and Young People* (2018).

A Picture of ACT's Children and Young People

- 1.9 *A Picture of ACT's Children and Young People (2018)* provides information on developmental vulnerabilities of ACT children and their social and emotional wellbeing. It presents information on children and young people's health, wellbeing, learning and development using nationally recognised indicators together with ACT-specific indicators. The report was prepared annually between 2011 and 2016. It was not prepared in 2017, with the intention that it would be produced on a biennial publication cycle. The 2018 report was released in March 2019.
- 1.10 Two key indicators reported in *A Picture of ACT's Children and Young People (2018)*, under *Outcome 2: Children and young people have optimal development in the early years*, have particular relevance to the development of children up to five years old:
- children entering school with basic skills for life and learning; and
 - social and emotional wellbeing of ACT kindergarten aged children.

Children entering school with basic skills for life and learning

- 1.11 The importance of measuring the developmental vulnerability of children in their first year of school is identified in *A Picture of ACT's Children and Young People (2018)*:

Successful transition to school is greatly shaped by children's attainment of the basic skills for life and learning in the early years. Children's development in the years before school has an impact on both their ability to be ready to learn at school entry and their social and economic outcomes over the course of their lifetime. The quality of the relationships, environments and experiences in the early stages of development is crucial in shaping children's health, wellbeing and development outcomes.⁴

- 1.12 *A Picture of ACT's Children and Young People (2018)* refers to the results of the Australian Early Development Census (AEDC), which is a national measure of children's development as they enter their first year of full-time school. It is conducted every three years and seeks to measure the proportion of kindergarten children who are developmentally on track, developmentally at risk and developmentally vulnerable, across five domains:
- physical health and wellbeing;
 - social competence;
 - emotional maturity;
 - language and cognitive skills (school based); and
 - communication skills and general knowledge.

⁴ Community Services Directorate, *A Picture of ACT's Children and Young People*, 2018, page 34.

1.13 The most recent Australian Early Development Census (AEDC) results are from 2018.⁵ Relevant results of the ACT's 2018 Australian Early Development Census, compared to Australian results, are shown in Table 1-1.

Table 1-1 Results of the ACT's 2018 Australian Early Development Census (AEDC), compared to Australian results

Developmentally on track (%)		Developmentally at risk (%)		Developmentally vulnerable (%)	
ACT	Australia	ACT	Australia	ACT	Australia
Physical health and well-being					
70.0	78.1	17.8	12.3	12.1	9.6
Social competence					
72.4	75.8	15.3	14.4	12.3	9.8
Emotional maturity					
76.1	77.1	13.9	14.5	9.9	8.4
Language and cognitive skills (schools-based)					
84.2	84.4	9.4	9.0	6.4	6.6
Communication skills and general knowledge					
72.5	77.3	19.7	14.5	7.8	8.2

Source: Australian Early Development Census National Report 2018, A Snapshot of Early Childhood Development in Australia.

1.14 A review of the ACT's 2018 Australian Early Development Census results, compared to Australian results, shows:

- across all domains, the ACT had a lower proportion of children that were developmentally on track compared to all Australian results;
- for most of the domains, with the exception of *Emotional maturity*, the ACT had a higher proportion of children that were developmentally at risk compared to all Australian results; and
- for three of the domains the ACT had a higher proportion of children that were developmentally vulnerable compared to all Australian results; *Physical health and well-being*, *Social competence* and *Emotional maturity*.

1.15 Further analysis of the ACT's 2018 Australian Early Development Census results shows:

- 24.6 percent of children in the ACT were developmentally vulnerable on one or more domains of early childhood development. This is higher than the figure of 21.7 percent for all of Australia and the 2015 ACT result of 22.5 percent; and

⁵ The 2018 Australian Early Development Census (AEDC) results were released on 22 March 2019. *A Picture of ACT's Children and Young People* (2018) was released on 15 March 2019 and references the 2015 Australian Early Development Census (AEDC) results.

- 12.4 percent of children in the ACT were developmentally vulnerable on two or more domains of early childhood development. This is higher than the figure of 11.0 percent for all of Australia and the 2015 ACT result of 10.3 percent.
- 1.16 In 2018 a total of 5,995 children were enrolled in kindergarten in the ACT. The 2018 Australian Early Development Census (AEDC) results suggest that 743 kindergarten-aged children (12.4 percent of 5,995) may be developmentally vulnerable on two or more domains of early childhood development.
- 1.17 *A Picture of ACT's Children and Young People (2018)* also considered the 2015 AEDC results with reference to Aboriginal and Torres Strait Islander children and children with a language background other than English. Similar analysis has yet to be performed on the 2018 AEDC data. *A Picture of ACT's Children and Young People (2018)* noted that:
- Aboriginal and Torres Strait Islander children are more likely to be developmentally vulnerable compared to non-Aboriginal and Torres Strait Islander children. In 2015 41.9 percent of Aboriginal and Torres Strait Islander children were developmentally vulnerable on one or more domains compared to 22.0 percent of non-Aboriginal and Torres Strait Islander children; and
 - children with a language background other than English are more likely to be developmentally vulnerable compared to children from an English speaking background. In 2015, 28.0 percent of children with a language background other than English were developmentally vulnerable on one or more domains compared to 20.9 percent of children from an English speaking background.⁶

Social and emotional wellbeing of ACT kindergarten aged children

- 1.18 The 'social and emotional wellbeing of ACT kindergarten aged children' indicator identified by *A Picture of ACT's Children and Young People (2018)* seeks to measure 'the number of ACT kindergarten children scoring in the categories of 'High risk', 'Slightly raised' and 'Close to average' as measured by the ACT Health's Kindergarten Health Check Strengths and Difficulties Questionnaire (SDQ):

The SDQ is a brief, easily administered screening tool that describes children's behaviours, emotions and relations, and is parent rated.

ACT Health's SDQs records the number of kindergarten children scoring 'High risk' (at a higher risk of having social and emotional difficulties). The scoring also includes a scoring of 'Slightly raised' (a likely or possible risk of social and emotional difficulties) and 'Close to average' (at a lower risk of having social and emotional difficulties).⁷

⁶ Community Services Directorate, *A Picture of ACT's Children and Young People*, 2018, pages 53 and 54.

⁷ Community Services Directorate, *A Picture of ACT's Children and Young People*, 2018, page 32.

1.19 According to *A Picture of ACT's Children and Young People* (2018):

Research indicates that children with low levels of social and emotional wellbeing may be at risk of developing behavioural and mental health problems and demonstrating poor school performance. Social and emotional wellbeing can therefore hinder or assist children in navigating their way through life. This leads to an emphasis on measuring the social and emotional strengths of children.⁸

1.20 *A Picture of ACT's Children and Young People* (2018) found that, in 2017:

- 88.9 percent of ACT kindergarten aged children scored 'close to average' for social and emotional wellbeing;
- 5.8 percent of children scored 'slightly raised'; and
- 5.3 percent of children scored 'high risk'.⁹

1.21 In 2018 a total of 5,995 children were enrolled in kindergarten in the ACT. Extrapolating the information in *A Picture of ACT's Children and Young People* (2018) in relation to the 'social and emotional wellbeing of ACT kindergarten aged children' (as measured in 2017) to 2018 kindergarten enrolments suggests that:

- 318 children (5.3 percent of 5,995) may be 'high risk' in relation to their social and emotional wellbeing; and
- 348 children (5.8 percent of 5,995) may be of 'slightly raised' concern in relation to their social and emotional wellbeing.

The Future of Education

1.22 The importance of early intervention and prevention initiatives, specifically with respect to early childhood education and care, was highlighted by the Education Directorate's discussion paper *The Future of Education, An ACT Community conversation - Early Childhood Strategy* (2017). This paper identified the potential 'gap' for a cohort of ACT children between post-natal health services and the start of preschool, the lack of access to early childhood education and care, and the need for linked community and health services during this period:

A sizable proportion of ACT children between the ages of one and four who are experiencing disadvantage are missing out, with potentially between 15 to 20 per cent of children between the ages of one and four not able to access structured early education services prior to preschool. This gap arises between the end of post-natal health services (tracked through the 'blue book') and the start of preschool.

Effective service models that engage and retain children and families experiencing barriers to accessing early childhood education and care require centres to be linked both with other services and organisations including schools, community and health services, and with the members of the community itself. Wider social benefits also arise, such as improving immunisation rates.

Inequality in access to quality early childhood education and care is perpetuated and compounds throughout school education. Children who participate in these services enter

⁸ Community Services Directorate, *A Picture of ACT's Children and Young People*, 2018, page 32.

⁹ Community Services Directorate, *A Picture of ACT's Children and Young People*, 2018, page 57.

school with a head start on their learning and development. But this requires valued, skilled educators who are equipped with the training and resources needed to facilitate learning.¹⁰

Education Directorate analysis

1.23 The Education Directorate has conducted further analysis on the number of children entering preschool with two key characteristics that have been identified as giving rise to particular vulnerability:

- receipt of less than 10 hours of long day care per week prior to enrolment; and
- parental level of education of Year 11 or below.

1.24 Through this analysis the Education Directorate has identified approximately 251 children who are particularly vulnerable as they enter preschool.

1.25 It is important to note that the parameters that define disadvantage are not determinative and are, conversely, useful for planning at a system level.

Universal and targeted early childhood services

1.26 Early childhood services more broadly, and early intervention and prevention services specifically, may be categorised as universal, secondary or tertiary (or universal, targeted or treatment). In identifying the importance of early intervention and prevention for vulnerable families and children, the Glanfield report identified the service model types that may be provided:

When families experience vulnerability, they may need to access multiple services and supports spanning different service systems. These services and supports can be conceptualised as being part of the broader human services system. Based on the public health model these services and supports can be divided into three tiers:

- primary (universal) services that are targeted at the entire population in order to provide support and education before problems occur;
- secondary services targeted at families in need to alleviate identified problems and prevent escalation; and
- tertiary (statutory) services that require interventions for families experiencing domestic and family violence or children experiencing abuse and neglect.

Adoption of the public health model in child protection and human services more broadly aims to shift the attention away from the statutory end of the service system to a more preventative and collaborative model by sequentially accessing the three levels for prevention usually represented as a pyramid: primary, secondary and tertiary. This approach is expected to enhance policy making and service delivery outcomes and shift the focus of effort from protection to a focus on prevention. The public health model is providing a policy framework for informing government intervention to better support vulnerable families.¹¹

¹⁰ ACT Education Directorate, *The Future of Education, An ACT Community conversation - Early Childhood Strategy*, page 6.

¹¹ Glanfield, L., *Review into the System Level Responses to Family Violence in the ACT*, April 2016, page 14.

1.27 Universal, targeted and treatment services are described by Tim Moore from the Murdoch Children's Research Institute in *Rethinking universal and targeted services*:

Universal services are available to the whole of the population and are designed to promote positive functioning and thereby decrease the likelihood of specific disorders developing.

Targeted services are available to selected groups or individuals who are known to be at risk of developing a particular health or developmental problem, and are designed to reduce the incidence of the problem developing.

Treatment services are available to individuals or families who have an established condition or problem and are designed to minimise the negative impact of the condition or problem.¹²

1.28 Available to the whole population, universal services provide an opportunity to screen all children and families who attend for any indications of concerns, disorders or conditions, such as possible developmental delays, that require targeted or treatment services. The health and education professionals involved in universal services may be in a position to identify these children and their families and to refer them to appropriate services. This identification provides an opportunity for the child and family to benefit from early (including prenatal) intervention in order to address conditions that may be the consequences of vulnerability.

1.29 Universal early family support services play an important role in the identification of vulnerable children. A July 2018 report from a consultancy commissioned by the Community Services Directorate as part of a broader *Early Intervention by Design* project noted:

Service access by vulnerable families with children aged between 1 and 4 years is noted as a key window of opportunity, with significant impacts on later development and school life. Services for this target group would be most effective through universal platforms offering a tailored response to vulnerable families, with non-stigmatising, non-threatening access to crucial services.¹³

1.30 The primary focus of this audit was on universal services offered by ACT Government agencies and their linkage with, and referrals to, targeted or treatment services (including stepped-up services offered through the universal services). These services are voluntary and available to all, including children and families who may be identified as vulnerable. The audit primarily focused on:

- the Maternal and Child Health service (Canberra Health Services);
- Child and Family Centres (Community Services Directorate); and
- Child Development Service (Community Services Directorate).

1.31 While the primary focus of the audit was on these services, it is acknowledged that there are other programs and services offered by ACT Government agencies that are of relevance to potentially vulnerable children and their families, as well as other pathways into ACT Government programs and services. Some of these programs and services are focused and targeted towards readily identifiable vulnerable children and their families. While this is

¹² Tim G Moore, Centre for Community Child Health, Murdoch Children's Research Institute, *Rethinking universal targeted services*, 2008, abstract.

¹³ Insight Consulting Australia, *Early Investment for the ACT: Directions from stakeholders*, July 2018, p 8.

acknowledged, the audit focused on selected universal services that offer early engagement with children and their families, including those that are potentially vulnerable.

ACT Government programs and services for children and families

Human Services Blueprint

1.32 In May 2014 the ACT Government's *Human Services Blueprint* was introduced. According to the *Human Services Blueprint*:

It is a whole of system reform agenda to better utilise government investment in social outcomes. It will enable community, health, education and justice systems to work in alliance to join up support to people and families ...

The Blueprint will improve the effectiveness of governance, structural and supporting processes so the service system operates in a more person-centre and integrated way.¹⁴

1.33 In relation to universal services and their linkage to early intervention and prevention initiatives, a *Human Services Blueprint* Technical Specifications document notes:

Universal services, such as those available in health and education sectors, are building blocks for individuals to reach their potential. Prevention and early intervention approaches at key transition times throughout the life-course particularly in early childhood and early in the life of a problem – can increase the chances of positive outcomes.

The ACT Children and Young People's Commitment 2015-2025

1.34 *The ACT Children and Young People's Commitment 2015-25* was released in December 2015. It is a high level strategic document aiming 'to set a vision for a whole-of-government and whole-of-community approach to promote the rights of children and young people' (aged 0 to 25 years) in the ACT.¹⁵

1.35 Six priority areas are identified in *The ACT Children and Young People's Commitment 2015-25*. Each priority area has 'areas for action [that] provide guidance to the Canberra community on how we can best support children and young people to reach their potential and how we can work together to promote and protect their rights'. The six priority areas are:

- provide access to quality healthcare, learning and employment opportunities;
- implement policy that enables the conditions for children and young people to thrive;
- keep children and young people safe and protect them from harm;
- advocate the importance of the rights of children and young people;

¹⁴ ACT Government, *Human Services Blueprint*, pages 2 and 4.

¹⁵ ACT Government, *The ACT Children and Young People's Commitment 2015-2025*, page 2.

- include children and young people in decision making, especially in areas that affect them, ensuring they are informed and have a voice; and
- build strong families and communities that are inclusive and support and nurture children and young people.¹⁶

Early Support: Changing Systems, Changing Lives

1.36 In 2015 an Inter-Directorate Governance Arrangement identified a range of projects and activities to be undertaken as part of the Human Services Cluster Work Program, including five priority projects, one of which was the Early Intervention Strategy. The Community Services Directorate was to take the lead on the Early Intervention Strategy, which was progressed as the *Early Intervention by Design* project. In July 2018 a consultant's report for the *Early Intervention by Design* project was produced: *Early Investment for the ACT: Directions from stakeholders*.

1.37 In September 2018 Government agreement was obtained for the *Early Support: Changing Systems, Changing Lives Initiative* (the Initiative). Since then the Directorate has been in the final phase of developing foundational work to underpin the reform initiative, and has been progressing several streams of work prior to the end of June 2019.

1.38 According to the Community Services Directorate:

Early Support is a ten-year reform to fundamentally change the DNA of the ACT human services system. The initiative will shift investment from crisis-driven, deficit-focused responses, where service impacts are less effective in changing life trajectories, to earlier support that works with people and their families holistically. It will embed a well-being focused system that supports long-term outcomes, encourages self-determination, and supports children in the context of their families.

...

Implementation of the ten-year roadmap will use a co-production approach with all stakeholders and will involve gradual change across a number of areas which include: enhance early support capacity through a series of Implementation Initiatives, shared Outcomes Frameworks, practice change to embed shared approaches across human service delivery, and development and introduction of an Investment for Social Impact Framework to embed outcomes focused and integrated services. Ongoing evaluation and monitoring will ensure meaningful change is being affected.

It is anticipated that practice reform and the implementation of a shared practice framework may present an opportunity to trial seamless referral processes.

1.39 The Community Services Directorate also advised:

The reform includes work on two horizons: to enhance immediate early support capacity four Implementation Initiatives in the first instance; and over the longer-term ten-year horizon to shift the human service system to a commissioning for outcomes environment.

Providing meaningful responses earlier – both earlier in the life of a child or early in the life of an issue – improves outcomes for children, families, and communities, and supports socially and financially sustainable human services system.

¹⁶ ACT Government, *The ACT Children and Young People's Commitment 2015-2025*, pages 3 – 5.

Programs and services for children and families

- 1.40 There is a wide range of support services for families in the ACT. These range from universal services that provide early family support, such as regular developmental checks for babies and young children, to targeted and more intensive support for children and their families with identified developmental and other needs.
- 1.41 This audit considered universal services provided by the Community Services Directorate and ACT Health Directorate (now Canberra Health Services) and their linkages to more targeted services and interventions.
- 1.42 These include:
- the Maternal and Child Health service (Canberra Health Services);
 - Child and Family Centres (Community Services Directorate); and
 - Child Development Service (Community Services Directorate).
- 1.43 Appendix A provides more information on these programs and services.

Audit objective and scope

Audit objective

- 1.44 The objective of the audit is to provide an independent opinion to the Legislative Assembly on the effectiveness of selected ACT Government agencies' referral processes for the support of vulnerable children (aged birth to five) and their families.

Audit scope

- 1.45 The audit considered processes within the Community Services Directorate and Canberra Health Services (formerly the ACT Health Directorate) for the:
- identification of vulnerable children (from conception to age five, before children start school) and their families and their needs;
 - referral of vulnerable children and their families to other programs and services according to their needs; and
 - governance and coordination between ACT Government agencies for the referral of vulnerable children and their families.
- 1.46 The audit primarily focused on universal services offered through:
- the Maternal and Child Health service (Canberra Health Services);
 - Child and Family Centres (Community Services Directorate); and
 - Child Development Service (Community Services Directorate).

1.47 To the extent that they relate to intake and referral processes, consideration was also given to the effectiveness of:

- over-arching inter-agency governance and administration arrangements, including communication and coordination;
- information-systems (including record-keeping and documentation) and information-sharing practices to support the programs and services; and
- communication and handover processes between agencies for the referral of individual children (and their families) to programs and services in the Community Services Directorate and Canberra Health Services (formerly the ACT Health Directorate).

1.48 The audit did not consider the effectiveness of the programs and services in delivering services to vulnerable children and their families, including an assessment of whether the programs and services are contributing to better outcomes, except to the extent that referral processes are effective.

Audit criteria, approach and method

Audit criteria

1.49 The criteria to guide the conduct of the audit and to enable the objectives of the audit to be achieved are:

- Criterion 1: Do ACT Government agencies' programs and services have effective processes to identify the needs of vulnerable children and their families?
- Criterion 2: Do ACT Government agencies' programs and services have effective referral processes to support vulnerable children and their families?
- Criterion 3: Are there effective governance and coordination arrangements between ACT Government agencies for the referral of vulnerable children and their families?

Audit approach and method

1.50 The audit approach and method consisted of:

- reviewing current policies, guidelines and processes for services to vulnerable children and their families with a focus on information sharing, communication and record keeping requirements;
- reviewing, where applicable, memoranda of understanding and other documentation that details collaborative working arrangements between directorates in delivering services to vulnerable children and their families;
- reviewing relevant literature, research documents and reports undertaken on this subject by the ACT Government and other jurisdictions to identify better practices;

- identifying and documenting controls and procedures used to give effect to the policies, procedures and guidelines to ensure compliance;
- reviewing information systems, practices and protocols that are in place to support services to vulnerable children and their families;
- reviewing internal reporting and evaluation documentation to ascertain how the agencies monitor and report on service outcomes;
- interviews and discussion with key staff at the selected agencies and other stakeholders; and
- examination of a selection of client files to assess whether services have been provided with a collaborative approach that evidences effective coordination across directorates of record keeping, information sharing and referral processes.

1.51 The audit was performed in accordance with *ASAE 3500 – Performance Engagements*. The audit adopted the policy and practice statements outlined in the Audit Office’s *Performance Audit Methods and Practices (PAMPr)* which is designed to comply with the requirements of the *Auditor-General Act 1996* and *ASAE 3500 – Performance Engagements*.

1.52 In the conduct of this performance audit, the ACT Audit Office complied with the independence and other relevant ethical requirements related to assurance engagements.

1.53 Auditing Standard ASAE 3500 requires that an audit consider events up to the date of the report. To achieve this, the audit team, when seeking comments on the draft proposed report, asked the agencies to inform the team of any significant events affecting audit findings since fieldwork ceased.

2 UNIVERSAL EARLY FAMILY SUPPORT SERVICES

- 2.1 This chapter examines the role of universal early family support services in the identification of vulnerable children. The chapter focuses on Maternal and Child Health services, the Child Development Service and the Child and Family Centres. The accessibility and take-up of universal early family support services are also discussed.

Summary

Conclusion

Universal early family support services such as the Maternal and Child Health service, Child and Family Centres and Child Development Service are an opportunity for ACT Government agencies to identify potentially vulnerable children and their families and their needs for support. They offer a non-stigmatised, non-judgmental service to all children and families, through a universal platform, from which the specific needs of vulnerable children and their families may be identified and addressed through referrals to other programs and services.

The Maternal and Child Health service in particular offers one of the best and most accessible universal contact points for families during pregnancy and birth. Maternal and Child Health nurses are significantly experienced in providing health care to mothers and children, including identifying their needs and vulnerabilities and identifying programs and services that may be of benefit and use to mothers and children. However, a sizeable proportion of children in the ACT, approximately 10.0 percent in 2018, are not receiving a universal first 'home' visit from the Maternal and Child Health service and there is poor take-up of free health and development checks offered by the Maternal and Child Health service for children up to the age of four. While this does not mean that mothers and children are not receiving appropriate health care, this represents a missed opportunity for ACT Government agencies to engage with these children and their families, some of whom are likely to have vulnerabilities and who would benefit from attention from the Maternal and Child Health service or referral to another program or service.

Key findings

The Maternal and Child Health service seeks to provide a universal first 'home' visit to all babies born in the ACT with a registered ACT address. The universal home visit provides an opportunity for Maternal and Child Health nurses to identify a child (and family) that may have vulnerabilities and to refer them to appropriate support services. It is intended to occur between one to four weeks after the birth of a child and is a significant opportunity to introduce new mothers (and their children) to maternal and child health services specifically, and ACT Government services generally. It is voluntary for mothers to participate. Analysis of attendance at Maternal and Child Health service universal home visits shows in 2018 up to 468

Paragraph

2.27

children born in the ACT with a registered ACT address did not attend the universal home visit offered by the Maternal and Child Health service (10.0 percent of all children born in the ACT with a registered ACT address). This may be for a variety of reasons and may be a significant missed opportunity to engage with these children and their families.

The Maternal and Child Health service offers health and development checks for children. The health and development checks seek to monitor children's growth and facilitate early intervention and treatment as necessary. Following the universal first 'home' visit, a further eight health and development checks are offered at intervals up to four years old. Analysis of the proportion of ACT children undergoing health and development checks in 2017 and 2018 shows for each year there was generally decreasing take-up by ACT children at developmental checks as they age and between 2017 and 2018 the proportion of children attending comparable developmental checks has declined. Children (and their mothers) may be receiving health care through general practitioners or other community-based health services. However, this cannot be assured with any certainty. The decreasing take-up of developmental checks removes an opportunity for Maternal and Child Health nurses, who have a depth and breadth of experience in the provision of health care to mothers and children, to identify emerging developmental or other concerns, or to provide advice on available supports. 2.33

The Maternal and Child Health service provides immunisation services to ACT children according to the National Immunisation Schedule. In 2018 the average number of occasions of service associated with the immunisation clinics offered by the Maternal and Child Health service was 1,175, which was an increase of 24.4 percent over the average number of occasions of service for 2017. The Canberra Health Services advised that the introduction of the childhood influenza vaccine in 2018 was a contributing factor to the significantly higher occasions of service during the April to August period. Immunisation services offered by the Maternal and Child Health service potentially offer another opportunity for contact between the Maternal and Child Health service and children and their families, although this is diminished by the use of non-Maternal and Child Health nurses to provide the immunisations and because the Maternal and Child Health service is only funded to immunise 40 percent of the eligible population. Nevertheless, offering an immunisation service at a Child Health Clinic or Child and Family Centre provides an opportunity for ongoing engagement with families and carers. 2.39

The Maternal and Child Health service offers drop-in clinics and booked clinics to children and their mothers. Drop-in clinics are intended to be casual and available for 'brief visits between booked appointments' while booked clinics are intended to offer more detailed support. In 2018 the monthly average number of occasions of service associated with the clinics offered by the Maternal and Child Health service was 1,689, which was a decrease of 8.6 percent from the monthly average number of occasions of service for 2017. The number of occasions of service for clinics is generally trending down, although it is apparent that there is some variability from month to month. Drop-in clinics and booked clinics offered by the Maternal and Child Health service offer a useful opportunity for contact between the Maternal and Child Health service and children and their families, including those who may be potentially vulnerable. 2.47

The Maternal and Child Health service offers a range of group sessions for more intensive support to mothers and their children, including the Early Days Group, Sleep Group and New Parents Support Group. These group sessions offer more detailed, ongoing support depending on the needs of the family. There has been a significant increase in the number of occasions of service for the Early Days Groups, from a monthly average of 90 in 2017 to 107 in 2018 (an increase of 15.8 percent). However, the number of occasions of service for the Sleep Groups and New Parents Support Groups is generally declining over time: the monthly average number of occasions of service for Sleep Groups in 2018 was 45 (a decrease of 4.4 percent compared to 2017); and the monthly average number of occasions of service for New Parents Groups in 2018 was 280 (a decrease of 13.3 percent compared to 2017). The group sessions offered by the Maternal and Child Health service offer a useful opportunity for contact between the Maternal and Child Health service and children and their families, including those who may be potentially vulnerable.

2.61

The Child and Family Centres provide a 'one stop shop' for families with young children to promote the Community Services Directorate's approach to providing culturally safe, inclusive and non-stigmatising services and supports. The number of occasions of service provided by the Child and Family Centres has steadily increased in the three years to 2017-18, with a total of 9,863 occasions of service reported in 2017-18 (an increase of 14 percent over 2016-17). In 2018 each of the three Child and Family Centres reported having an average of 75 active cases, although this varied across the centres, ranging from 94 at Gungahlin to 55 at West Belconnen.

2.78

A review of Child and Family Centre files shows that the Centres routinely documented the source of referral to the Centre, i.e. the initial catalyst for attendance. In just over half of the files examined, clients attended on their own initiative, i.e. self-referral. It is noted, however, that although a number of intake forms indicated self-referral this was often on the recommendation of a Maternal and Child Health nurse or other health professional, such as those involved in perinatal services at hospitals. The other files explicitly acknowledged and documented a range of other sources of referrals, including the Maternal and Child Health service and the Child and Youth Protection Service. This demonstrates that there is a knowledge and awareness of the Child and Family Centres and their services across a range of government and non-government agencies and services.

2.83

The Child Development Service offers 'assessment, referral, information and linkages for children 0-6 years where there are concerns relating to their development'. This includes a range of one-on-one programs and services as well as group sessions for parents and children. In 2018 a total of 1,577 new referrals were received by the Child Development Service, with an average of 117 per month. The average number of Child Development Service cases that remained open each month in 2018 was 1,404. The average number of Child Development Service cases that remained open each month has been trending upwards.

2.98

An important activity of the Child Development Service is undertaking assessments of children who may be suspected of having Autism Spectrum Disorder. The Child Development Service offers a comprehensive, multidisciplinary autism assessment service that includes the use of interviews, diagnostic assessment tools and

2.106

observations of the child in a natural social setting. In 2018 the monthly maximum wait times for Autism Spectrum Disorder diagnostic assessments ranged between nine and twelve months, although there has been a decrease in the number of children waiting for an Autism Spectrum Disorder diagnostic assessment, from 133 in January 2018 to between 90 and 97 between September and December 2018. Delays in receiving an Autism Spectrum Disorder assessment, particularly at such an important and evolving stage of development in a child's life, presents a risk to the development of the child and the opportunity to provide appropriate interventions and supports. The Community Services Directorate is in the process of purchasing private psychology services to assist with Autism Spectrum Disorder assessments on behalf of the Child Development Service. It is expected that this will assist in addressing wait times and delays in receiving assessments.

A review of Child Development Service files shows that sources of referrals are routinely documented, i.e. the initial catalyst for attendance. For seven of the ten files, the source of the referral was identified as a self-referral by the parent or carer, usually at a Child Development Service drop-in clinic. In three of these files, however, it was apparent that the self-referral followed consultation with other services, including the Maternal and Child Health service in two instances. In three other instances there were explicit and documented referrals from the Winnunga Nimmityjah Aboriginal Health Service, a Child and Family Centre and a hospital physiotherapist. This demonstrates that there is a knowledge and awareness of the Child Development Service and its services across a range of government and non-government agencies and services. 2.113

Maternal and Child Health service

2.2 The Maternal and Child Health service provides services to pregnant women and children from birth to eight years. The service is currently within Canberra Health Services with other ACT public maternity services, but was formerly within the Women, Youth and Children Division of the ACT Health Directorate.

2.3 A July 2018 report from a consultancy commissioned by the Community Services Directorate as part of a broader *Early Intervention by Design* project noted:

One of the best universal contact points for families is during pregnancy and birth. People understand and respect the value of health assessments and want the best for their baby so peri-natal health contacts provide a valuable opportunity for providing information on parenting fundamentals and better screening for factors which place a mother or child at some risk ... and indicate if they require further referral and advice.¹⁷

2.4 Maternal and Child Health nurses provide services and support through a range of mechanisms including:

- first-home visits to mothers of new babies;
- booked clinic appointments;

¹⁷ Insight Consulting Australia, Early Investment for the ACT: Directions from stakeholders, July 2018, p 9.

- drop-in clinics;
 - New Parents Support Group; and
 - feeding and settling support through Early Days and Sleep Groups.
- 2.5 Maternal and Child Health nurses also offer health and development checks for children up to four years as well as immunisation services to children. Appendix A provides further information on Maternal and Child Health services.
- 2.6 Maternal and Child Health nurses are Registered Nurses who hold additional qualifications in maternal, child and family health; services are free to Medicare and Asylum Seeker card holders.

Proportionate universalism

- 2.7 The Maternal and Child Health service provides services on the principle of proportionate universalism. According to the *Maternal and Child Health Service Model of Care (2018)*:

Australian child and family health services use a whole of population approach to early child health and development. The aim is to reach all children, through a universal platform, so that they have equal opportunity to early detection and interventions where these are needed. This concept of a universal platform is seen in antenatal care, child and family health services, and primary and secondary education. However, some children and families will need more support than others which has led to the concept of a child and family health service for all, with additional capacity to increase the level of support for some. This is known as 'progressive' or 'proportionate' universalism.

...

Proportionate universalism is the resourcing and delivering of universal services at a scale and intensity proportionate to the degree of need. Services are therefore universally available, (not only for the most disadvantaged) and are able to respond to the level of presenting need.¹⁸

- 2.8 The *Maternal and Child Health Service Model of Care (2018)* outlines the philosophy of proportionate universalism and its service offerings as follows:

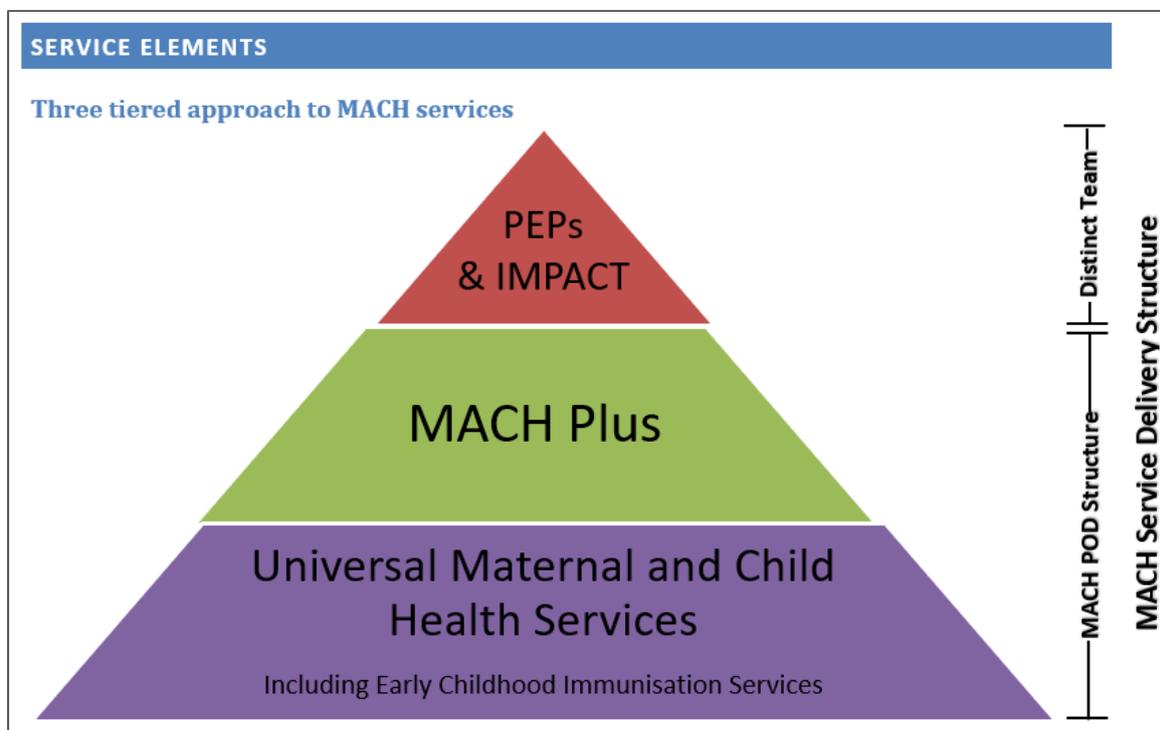
Universal Services are proportioned from a baseline of support, screening and surveillance to all residents with additional support based on vulnerability. ACT MACH defines vulnerability as (adopted from the Tasmanian Department of Health and Human Services and New South Wales Health): *an increased susceptibility or helplessness*. The evidence informs us that vulnerability is also cumulative and that children in marginalised population groups are more likely to experience poor long-term health outcomes as a result of such barriers (Moore, McDonald, McHugh-Dillon, 2015, Evidence Review Early Childhood and the social determinants of health inequities, p1).

It is widely recognised that pregnancy and the early parenting years are a time of increased emotional upheaval and social vulnerability therefore focusing services on early parenting and newborn support is a MACH service priority.

¹⁸ ACT Health, *Maternal and Child Health Model of Care*, June 2018, p 8.

2.9 Maternal and Child Health services are offered through a three tiered approach relating to families' assessed level of vulnerability, defined as increased susceptibility or helplessness.¹⁹ Figure 2-1 shows the three tiered approach to Maternal and Child Health services.

Figure 2-1 Tiered approach to Maternal and Child Health services



Source: *Maternal and Child Health Service Model of Care* (2018)

Tier 1 services

2.10 According to the *Maternal and Child Health Service Model of Care* (2018):

Universal services include an intake and triaging service and initial home visit following discharge from all ACT maternity services. Universal services offer the community fifteen individual key contact points to support infant growth and wellbeing through the first 5 years of life. Nine contacts are for the universal framework developmental checks and six are to complete the national immunisation schedule.

Tier 2 services

2.11 According to the *Maternal and Child Health Service Model of Care* (2018):

MACH Plus provides the opportunity to provide brief intervention to support and intercept the family's vulnerability allowing for the continued interaction with universal services to be sufficient to meeting their social and healthcare needs.

¹⁹ ACT Health, *Maternal and Child Health Model of Care*, June 2018, p 8, adopted from Tasmania Department of Health and Human Services and New South Wales Department of Health.

2.12 According to the *Maternal and Child Health Service Model of Care (2018) MACH Plus*:

Offers parents / carers the opportunity to gain more information and support through drop in clinics, and in a group environment through specific themed MACH groups. This increases service access for the community when required and the groups provide opportunity for participants to build social supports and for infant behaviours to be normalised creating a common experience and decreasing isolation.

Offers parents/carers up to 4 planned MACH contacts, based on the professional judgement of the nurse. This could be POD based engagement or additional home visits to assess and support the woman / infant/s and /or family with a level 1 or 2 vulnerability.

Tier 3 services

2.13 According to the *Maternal and Child Health Service Model of Care (2018)*:

The [Parenting Enhancement Program] and the [Integrated Multi-agencies for Parent and Child Together Program] are designed to address the needs of vulnerable families ... who have multiple complex family needs and therefore a higher likelihood of the child being at risk of poor health and wellbeing outcomes, or even abuse and neglect. *Targeted services and supports work to improve outcomes between groups of children (National Framework for Universal Child and Family Health Services, 2011, p. 9)*. Targeted support includes proactive outreach by universal health service professionals to encourage engagement with universal services along with sustained home visiting programs and various outreach strategies in disadvantaged communities.

Universal Maternal and Child Health services (Tier 1)

2.14 In the first five years of a child's life, the Maternal and Child Health Service offers up to fifteen individual contact points to support infant growth and wellbeing. These are:

- nine contacts for Universal Framework health and development checks; and
- six contacts to complete the National Immunisation Schedule.

Universal first 'home' visit

2.15 The Maternal and Child Health Service aims to have every new baby in the ACT seen at least once by a Maternal and Child Health nurse. This developmental check, for babies aged one to four weeks, is known as the universal first 'home' visit. Accessing these services is voluntary.

2.16 According to the Canberra Health Services website the visit 'is a chance to discuss the wellbeing and any health issues of you and your baby. It can also provide you with information about local services for parents'. For a variety of reasons, however, which may be the preference of the mother or operational needs of the Maternal and Child Health service, the universal first 'home' visit may be conducted at a clinic. A review of data for 2017 and 2018 indicates that the vast majority of these visits occurred in the home.

2.17 The universal first 'home' visit provides an opportunity for Maternal and Child Health nurses to identify a child (and family) that may have vulnerabilities and to refer them to appropriate support services. At the universal first 'home' visit the Maternal and Child

Health nurse assesses maternal wellbeing and safety through a preliminary discussion related to the mother's birth experience, general health and psychological health.

Referrals to the Maternal and Child Health service

2.18 Referrals to the Maternal and Child Health service are expected to be made by all maternity services and privately practising midwives in the ACT and surrounding areas. All babies are expected to be referred to the Maternal and Child Health service:

- automatically from the birthing outcome summary database from the Centenary Hospital for Women and Children; and
- via email from Calvary Public maternity services, Calvary Bruce Private Hospital, Calvary John James Hospital and Queanbeyan maternity units.

2.19 All referrals are registered in the ACT Patient Administration System and triaged through the Maternal and Child Health Liaison Team for allocation to community health services. In practice the Maternal and Child Health service notes that manual processes for referral, particularly with respect to births through non-ACT public hospital services, may result in the Maternal and Child Health service not knowing about some children born in the ACT when they are born.

2.20 Table 2-1 shows the number of universal first 'home' visits as a percentage of births of children in the ACT registered to an ACT address for 2017 and 2018.

Table 2-1 Number of universal first 'home' visits as a percentage of births registered in the ACT (2017 and 2018)

	2017	2018
ACT registered births	5 386	5 151
Universal home visits	4 759	4 683
Number of ACT registered children not attending universal home visit	627	468
Percentage of ACT registered children not attending universal home visit	11.6%	10.0%

Source: ACT Audit Office, based on Canberra Health Services data

2.21 Analysis of attendance at Maternal and Child Health service universal first 'home' visits shows that in 2018 up to 468 children born in the ACT with a registered ACT address did not attend the universal home visit offered by the Maternal and Child Health service. This is a decrease on the number of 627 for 2017, although it is also noted that the total number of children born in the ACT with a registered ACT address also declined. In 2018 this represented 10.0 percent of all children born in the ACT with a registered ACT address, which is a decrease on the percentage of 11.6 percent for 2017.

- 2.22 Non-attendance at the Maternal and Child Health service universal first 'home' visit does not mean that children (and their mothers) are not receiving health care. Children (and their mothers) may be receiving health care through general practitioners or other community-based health services. However, this cannot be assured with any certainty.
- 2.23 The Maternal and Child Health service does not maintain data on the reasons for non-attendance at the universal first 'home' visit, but notes that it may be due to a number of reasons including:
- mothers receiving post-natal care from private sector paediatricians and other providers. The Maternal and Child Health service advised that this is more likely for mothers who have given birth at private hospitals; and
 - inability to communicate with new mothers. The Maternal and Child Health service notes that communication with new mothers is attempted through the most up-to-date communication details available, which is expected to be confirmed or updated at the birth of the child. The inability to communicate with new mothers in these circumstances may be due to the mother deliberately not engaging with the Maternal and Child Health service.
- 2.24 The Maternal and Child Health service advised that it will attempt to make contact with mothers of new-born babies on a number of occasions. However, if unsuccessful, the Maternal and Child Health service will send some material via the post to the last known address of the mother and take no further action.
- 2.25 On top of this, however, is the possibility that poor referral processes, specifically manual processes for referral from non-ACT public hospital services, results in the Maternal and Child Health service not knowing about some children born in the ACT when they are born.
- 2.26 The Maternal and Child Health service advised that, while the universal first 'home' visit offers an important opportunity to engage with mothers of new-born babies, it is important to establish a foundation of engagement even earlier, including at the hospital or through ante-natal services, in order to facilitate effective communication with mothers of new-born babies that would encourage take-up of the universal first 'home' visit. Through such engagement potential vulnerabilities would be identified even earlier, which could lead to more targeted and effective attempts to engage.
- 2.27 The Maternal and Child Health service seeks to provide a universal first 'home' visit to all babies born in the ACT with a registered ACT address. The universal home visit provides an opportunity for Maternal and Child Health nurses to identify a child (and family) that may have vulnerabilities and to refer them to appropriate support services. It is intended to occur between one to four weeks after the birth of a child and is a significant opportunity to introduce new mothers (and their children) to maternal and child health services specifically, and ACT Government services generally. It is voluntary for mothers to participate. Analysis of attendance at Maternal and Child Health service universal home visits shows in 2018 up to 468 children born in the ACT with a registered ACT address did not attend the universal home visit offered by the Maternal and Child Health service (10.0

percent of all children born in the ACT with a registered ACT address). This may be for a variety of reasons and may be a significant missed opportunity to engage with these children and their families.

RECOMMENDATION 1 UNIVERSAL FIRST HOME VISIT

Canberra Health Services should identify opportunities to improve take-up of the universal first 'home' visit offered by the Maternal and Child Health service by:

- a) improving communication and coordination with maternity services and privately practising midwives in the ACT to promote the referral of babies born with a registered ACT address to the Maternal and Child Health service. This could also be through earlier ante-natal engagement or engagement at the hospital; and
- b) seeking information on, and analysing, reasons for non take-up in order to identify and remove any potential barriers to accessing the service.

Health and development checks

2.28 Maternal and Child Health nurses provide health and development checks for children. The health and development checks seek to monitor children's growth and facilitate early intervention and treatment as necessary. The health and development checks are offered at:

- 1 to 4 weeks (universal first 'home' visit);
- 6 to 8 weeks;
- 4 months;
- 6 months;
- 12 months;
- 18 months;
- 2 years;
- 3 years; and
- 4 years.

2.29 The health and development checks are offered at Child Health Clinics at Belconnen, Dickson, Florey, Gungahlin, Ngunnawal, Lanyon, Narrabundah, Phillip, Weston Creek and Tuggeranong and the West Belconnen Child and Family Centre. Appointments may be made through the Maternal and Child Health (MACH) nursing service centralised Community Health Intake (CHI) team.

2.30 Table 2-2 shows the percentage of children that received developmental checks offered by the Maternal and Child Health service in 2017 and 2018 as a proportion of children in the ACT within the relevant age group.

Table 2-2 ACT children's take-up of developmental checks (2017 and 2018)

Health and Development Check	2017		2018	
	Number of children	Percentage of children of estimated child population	Number of children	Percentage of children of estimated child population
1-4 week developmental check (home or clinic)	4 759	88.4	4 683	90.9
6-8 week developmental check	2 240	41.6	2 060	40.0
4 months developmental check	1 920	35.6	1 804	35.0
6 months developmental check	2 007	37.3	1 823	35.4
12 months developmental check	1 814	31.6	1 541	27.4
18 months developmental check	1 562	27.2	1 458	25.9
2 years developmental check	849	14.7	812	14.1
3 years developmental check	665	11.8	573	9.8
4 years developmental check	601	10.6	672	12.0

Source: Audit Office, based on Canberra Health Services information and Australian Bureau of Statistics data

2.31 Analysis of ACT children's take-up of developmental checks over 2017 and 2018 shows that:

- for each of 2017 and 2018 there is generally decreasing take-up by ACT children at developmental checks as they get older. Take-up at the six to eight week developmental check in 2018 was as low as 40.0 percent of eligible children and this steadily decreased to 25.9 percent for the 18 month developmental check, before decreasing to 14.1 percent for the two year developmental check and 12.0 percent for the four year developmental check; and
- between 2017 and 2018 the proportion of children taking up comparable developmental checks has declined. (Exceptions are the 1-4 week universal first 'home' visit and the four year developmental check in 2018, which saw an increase in attendance compared to 2017).

2.32 Declining take-up of the Maternal and Child Health service developmental checks does not mean that children (and their mothers) are not receiving health care. Children (and their mothers) may be receiving health care through general practitioners or other community-based health services. However, this cannot be assured with any certainty. Furthermore, while it is recognised that children (and their mothers) may be receiving healthcare services from other health care providers, these providers may not have the depth and breadth of experience of Maternal and Child Health nurses, who are Registered Nurses and are significantly experienced in the provision of health care to mothers and children.

- 2.33 The Maternal and Child Health service offers health and development checks for children. The health and development checks seek to monitor children’s growth and facilitate early intervention and treatment as necessary. Following the universal first ‘home’ visit, a further eight health and development checks are offered at intervals up to four years old. Analysis of the proportion of ACT children undergoing health and development checks in 2017 and 2018 shows for each year there was generally decreasing take-up by ACT children at developmental checks as they age and between 2017 and 2018 the proportion of children attending comparable developmental checks has declined. Children (and their mothers) may be receiving health care through general practitioners or other community-based health services. However, this cannot be assured with any certainty. The decreasing take-up of developmental checks removes an opportunity for Maternal and Child Health nurses, who have a depth and breadth of experience in the provision of health care to mothers and children, to identify emerging developmental or other concerns, or to provide advice on available supports.

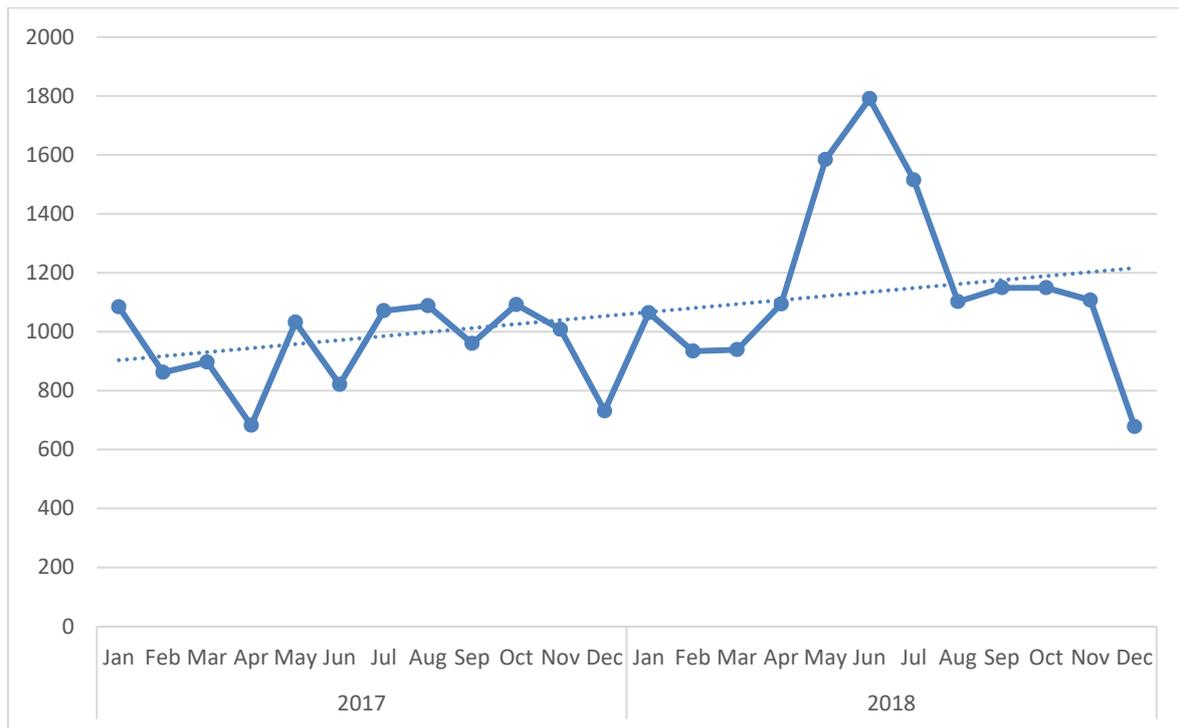
RECOMMENDATION 2 HEALTH AND DEVELOPMENT CHECKS

Canberra Health Services should identify opportunities to improve take-up of the health and development checks offered by the Maternal and Child Health service by seeking and analysing reasons for non take-up in order to identify and remove any potential barriers to accessing the service.

Immunisations

- 2.34 The Maternal and Child Health service provides immunisation services to ACT children according to the National Immunisation Schedule. In 2018 the Maternal and Child Health service also offered influenza vaccinations to children. Figure 2-2 shows the number of occasions of service for immunisation clinics in 2017 and 2018. Figure 2-2 does not distinguish between immunisation services and influenza vaccination services.

Figure 2-2 Immunisation clinic occasions of service (2017 and 2018)

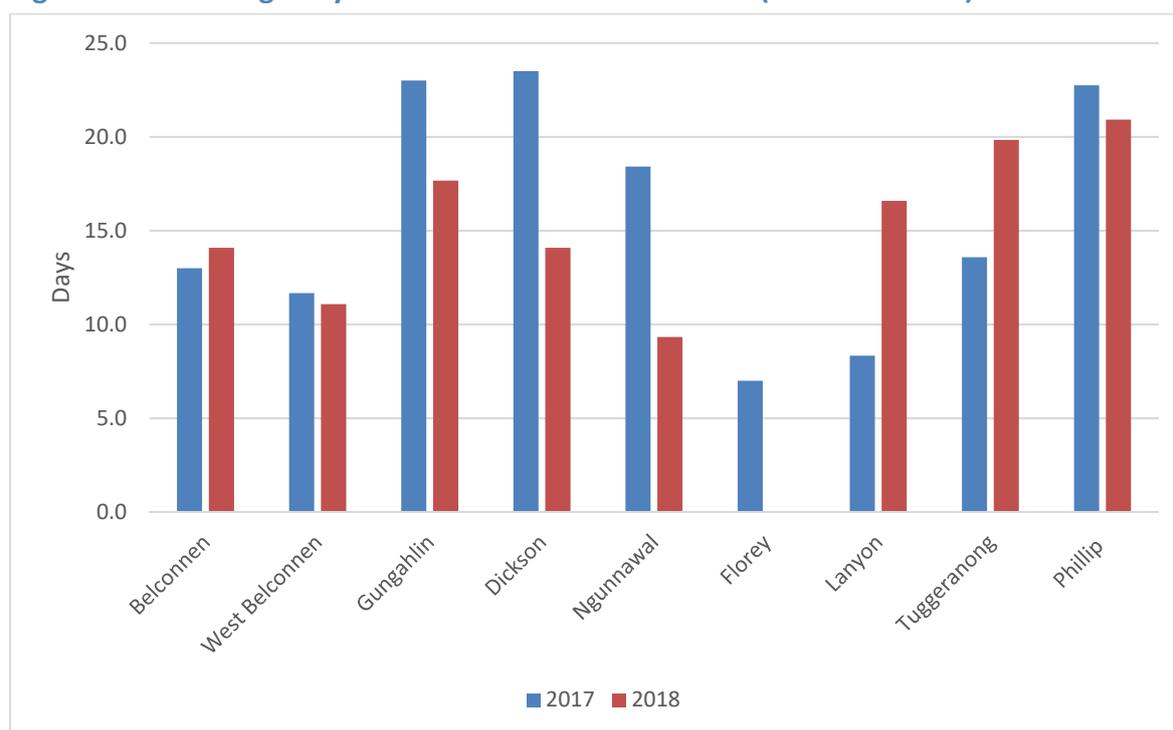


Source: Audit Office, based on Canberra Health Services information

2.35 A review of the number of occasions of service for immunisation clinics offered by the Maternal and Child Health service in 2017 and 2018 shows the average number of occasions of service for immunisation clinics in 2017 was 944 per month and in 2018 was 1,175 per month (an increase of 24.5 percent). The Canberra Health Services advised that the introduction of the childhood influenza vaccine in 2018 was a contributing factor to the significantly higher occasions of service during the April to August period.

Immunisation Clinic waiting times

2.36 The Maternal and Child Health service maintains information on the average number of days’ wait for immunisation clinics. Figure 2-3 shows the average days’ wait for immunisation clinics in 2017 and 2018.

Figure 2-3 Average days wait for immunisation clinics (2017 and 2018)

Source: Audit Office, based on Canberra Health Services information

Note: Immunisation services were not offered at the Florey Child Health Centre in 2018.

2.37 Analysis of the average days' wait for immunisation clinics shows:

- in 2017 the average days' wait was 16.7 and in 2018 there was a slight fall in the average days' wait to 16.4;
- there was variability in the average days' wait for immunisation services across the clinics, ranging from 9.3 days at the Ngunnawal Child Health Centre to 20.9 days at the Phillip Child Health Centre in 2018; and
- the average days' wait at the Lanyon, Tuggeranong and Belconnen clinics has increased between 2017 and 2018, although it is noted there have been significant decreases in other locations including Gungahlin, Dickson and Ngunnawal.

2.38 With respect to the opportunity to identify potentially vulnerable children and their families provided through contact with families who present for immunisation, the Maternal and Child Health service advised that the opportunity for immunisation services to identify vulnerable children and their families is diminished as:

- the Maternal and Child Health service is only funded to immunise 40 percent of the eligible population, with the balance of the population expected to be immunised through their local general practitioner or other health services;
- tight scheduling of immunisation clinics results in little opportunity to identify possible family or child concerns; and

- non-Maternal and Child Health Nurses have been engaged to provide immunisations due to staff shortages. These nurses do not have the qualifications and experience of Maternal and Child Health service Registered Nurses to engage with families and carers to identify potential vulnerabilities. In saying this, however, it is noted that offering an immunisation service at a Child Health Clinic or Child and Family Centre nevertheless provides an opportunity for ongoing engagement.

2.39 The Maternal and Child Health service provides immunisation services to ACT children according to the National Immunisation Schedule. In 2018 the average number of occasions of service associated with the immunisation clinics offered by the Maternal and Child Health service was 1,175, which was an increase of 24.4 percent over the average number of occasions of service for 2017. The Canberra Health Services advised that the introduction of the childhood influenza vaccine in 2018 was a contributing factor to the significantly higher occasions of service during the April to August period. Immunisation services offered by the Maternal and Child Health service potentially offer another opportunity for contact between the Maternal and Child Health service and children and their families, although this is diminished by the use of non-Maternal and Child Health nurses to provide the immunisations and because the Maternal and Child Health service is only funded to immunise 40 percent of the eligible population. Nevertheless, offering an immunisation service at a Child Health Clinic or Child and Family Centre provides an opportunity for ongoing engagement with families and carers.

Maternal and Child Health Plus (Tier 2 services)

2.40 Maternal and Child Health Plus refers to services provided through the Maternal and Child Health service that provide brief intervention to support families identified as vulnerable and for whom continued interaction with universal services is sufficient to meet their social and healthcare needs. Services offered through Maternal and Child Health Plus include:

- drop-in clinics;
- booked clinic appointments; and
- Maternal and Child Health support groups such as the Early Days Group, Sleep Group and New Parents Support Group.

Drop-in clinics

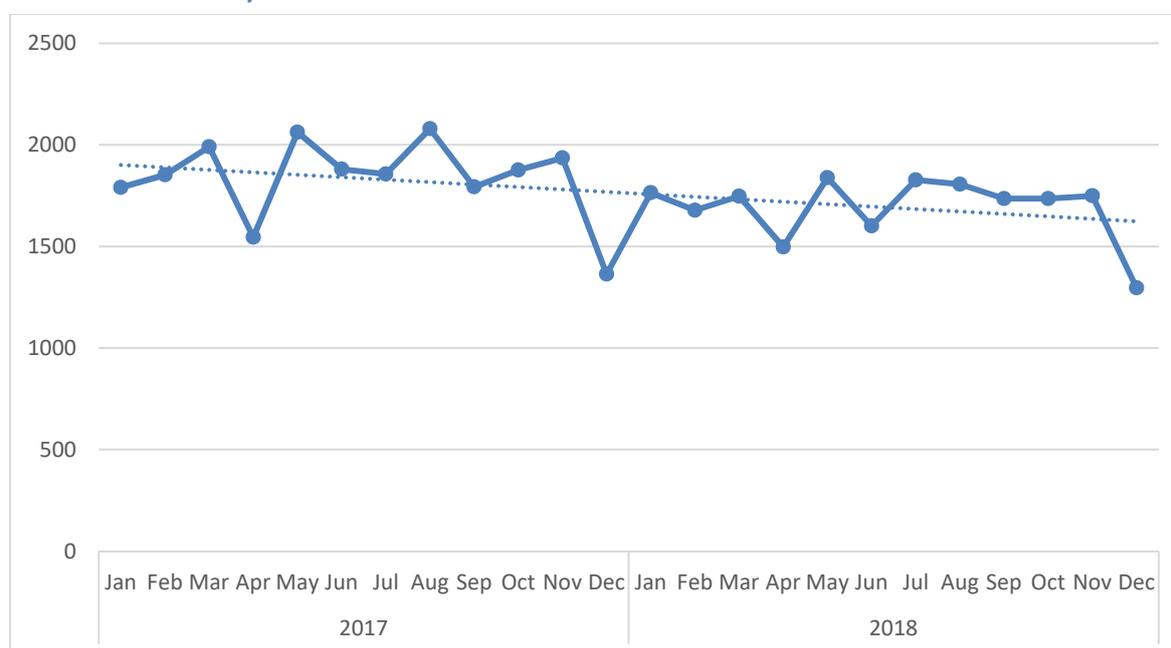
2.41 Drop-in clinics are available for 'brief visits between booked appointments. These clinics are best suited for quick questions and updates, not comprehensive health checks'. Drop-in clinics are provided at Child Health Clinics at Gungahlin, Phillip, Weston, Belconnen, West Belconnen, Dickson, Tuggeranong, Ngannawal and Lanyon. They offer another potential point of contact between mothers and their children and Maternal and Child Health service nurses.

Booked clinics

2.42 Booked clinic appointments are available for ‘information and advice on parenting, child health, breastfeeding, nutrition and feeding issues, keeping your child safe, toddler behaviours issues, adjustment to parenthood and maternal emotional health’. Appointments are provided at Child Health Clinics at Gungahlin, Phillip, Weston, Belconnen, Dickson, Tuggeranong, Ngunnawal and Lanyon. Appointments may be made through the Maternal and Child Health service centralised Community Health Intake (CHI) team.

2.43 Figure 2-4 shows the number of occasions of service for Maternal and Child Health service clinics (drop-in and booked) in 2017 and 2018.

Figure 2-4 Maternal and Child Health service clinic occasions of service (2017 and 2018)



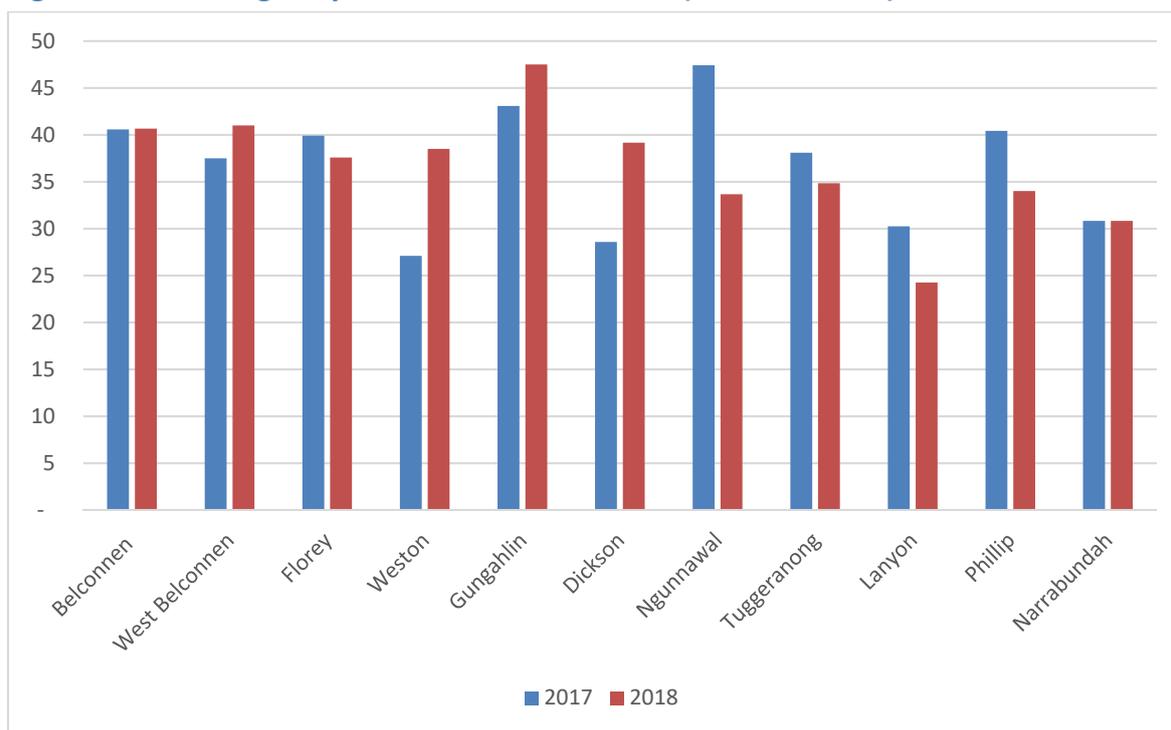
Source: Audit Office, based on Canberra Health Services information

2.44 A review of the number of occasions of service for clinics offered by the Maternal and Child Health service in 2017 and 2018 shows:

- the monthly average number of occasions of service for clinics in 2018 was 1,689 per month and the average number of occasions of service for clinics in 2017 was 1,835. This is a decrease of 8.6 percent; and
- while the number of occasions of service fluctuate month to month, there has been a gradual decline over the two year period.

Waiting times for booked clinics

2.45 The Maternal and Child Health service maintains information on the average number of days' wait for booked clinics. Figure 2-5 shows the average days' wait for booked clinics in 2017 and 2018.

Figure 2-5 Average days' wait for booked clinics (2017 and 2018)

Source: Audit Office, based on Canberra Health Services information

2.46 Analysis of the average days' wait for booked clinics shows:

- in 2017 the average days' wait was 37.0 and in 2018 the average days' wait was a slight decrease to 36.5; and
- there was variability in the average days' wait for booked clinics across the Child Health Centres, ranging from 24.0 days at the Lanyon Child Health Centre to 48.0 days at the Gungahlin Child Health Centre in 2018.

2.47 The Maternal and Child Health service offers drop-in clinics and booked clinics to children and their mothers. Drop-in clinics are intended to be casual and available for 'brief visits between booked appointments' while booked clinics are intended to offer more detailed support. In 2018 the monthly average number of occasions of service associated with the clinics offered by the Maternal and Child Health service was 1,689, which was a decrease of 8.6 percent from the monthly average number of occasions of service for 2017. The number of occasions of service for clinics is generally trending down, although it is apparent that there is some variability from month to month. Drop-in clinics and booked clinics offered by the Maternal and Child Health service offer a useful opportunity for contact between the Maternal and Child Health service and children and their families, including those who may be potentially vulnerable.

Early Days Groups

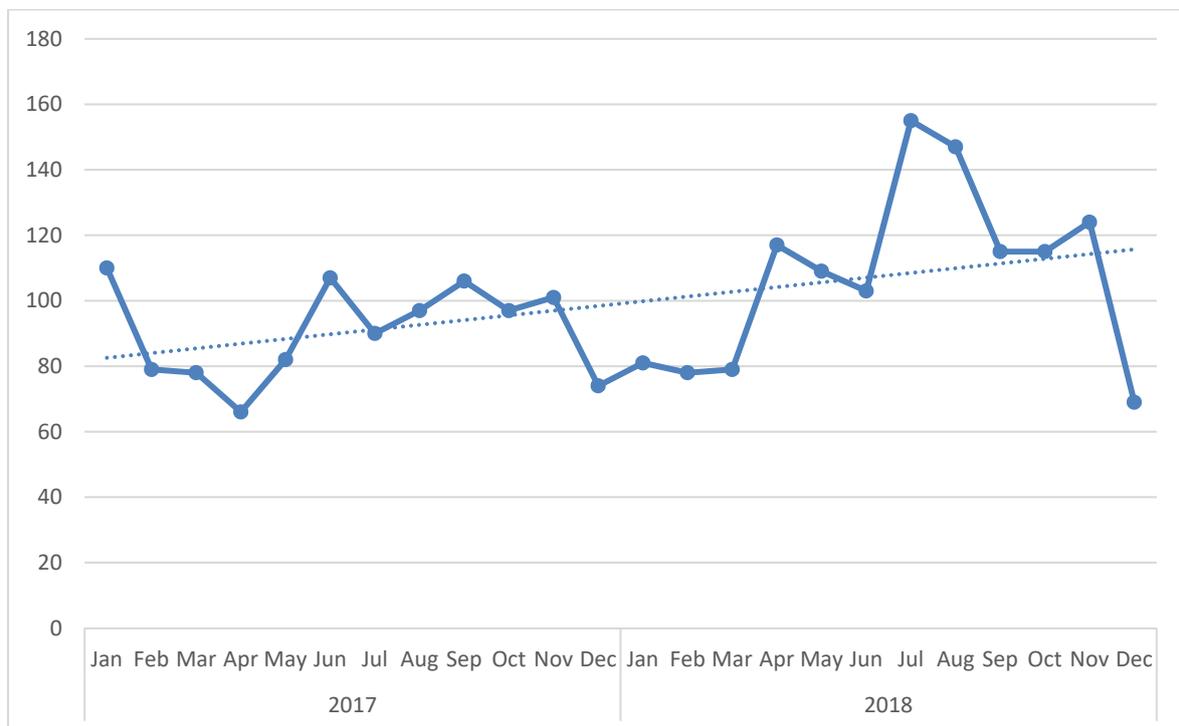
2.48 Early Days Groups provide services to families of infants up to three months old to provide early intervention for new parents requiring support and information. These sessions allow time for information and discussion on normal infant behaviour and communication signs and include management suggestions for parents experiencing difficulties with breastfeeding, bottle feeding and/or sleep and settling issues. No appointment is needed to attend Early Days Groups.

2.49 Group facilitation is provided by two staff:

- at least one needs to be a Maternal and Child Health nurse (who holds lactation qualifications); and
- the co-facilitator may be another Maternal and Child Health nurse or a Registered Midwife with lactation qualifications.

2.50 The Early Days Groups provide an opportunity for early intervention and referral to other services as necessary. Continuity of care for this group can include management plans and review, either on site or through a home visit, for more intensive parenting support. Figure 2-6 shows the number of occasions of service for Early Days Groups in 2017 and 2018.

Figure 2-6 Early Days Group occasions of service (2017 and 2018)



Source: Audit Office, based on Canberra Health Services information

2.51 A review of the number of occasions of service for Early Days Groups offered by the Maternal and Child Health service in 2017 and 2018 shows:

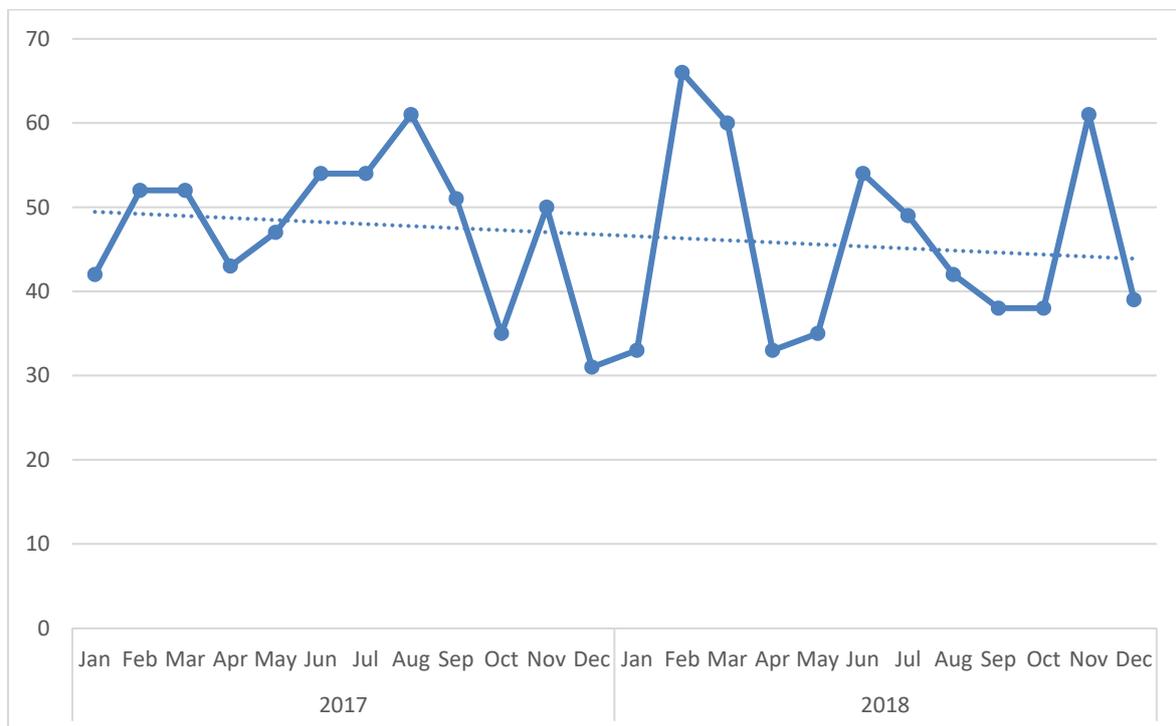
- the monthly average number of occasions of service for Early Days groups in 2018 was 107 and the monthly average number of occasions of service for Early Days groups in 2017 was 90. This is a significant increase of 15.8 percent; and
- the number of occasions of service for Early Days Groups is gradually increasing over time.

Sleep Groups

2.52 Sleep Groups, which are designed to assist with sleep management are facilitated by a Maternal and Child Health nurse. An appointment is required to attend. The focus is on increasing the confidence of parents and carers in managing their infant’s or child’s sleep and settling behaviour.

2.53 There are also Sleep Group sessions offered to provide information about settling and sleeping older babies, aged three to eight months, nine to 18 months and 19 months to three years; appointments are made through the Community Health Intake line. Figure 2-7 shows the number of occasions of service for Sleep Groups in 2017 and 2018.

Figure 2-7 Sleep Group occasions of service (2017 and 2018)



Source: Audit Office, based on Canberra Health Services information

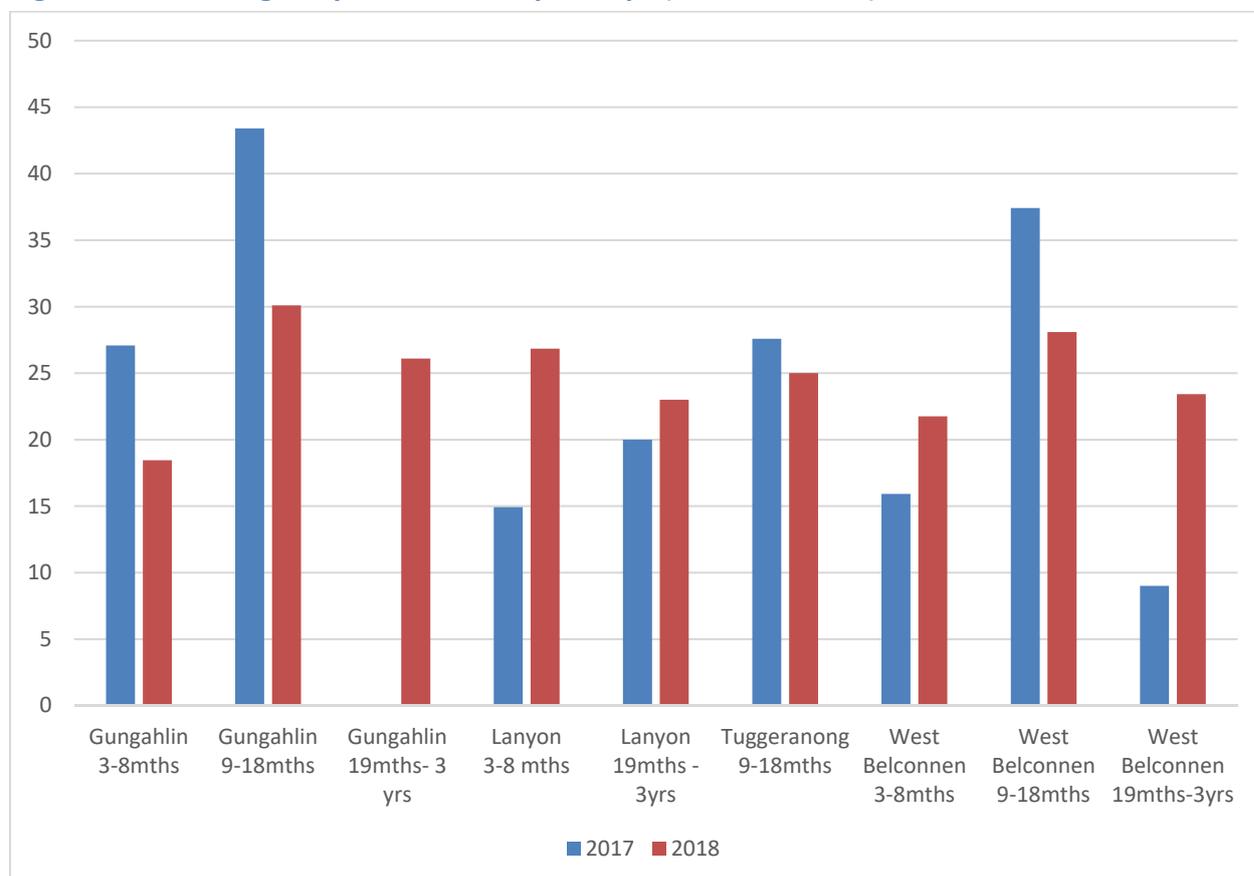
2.54 A review of the number of occasions of service for Sleep Groups offered by the Maternal and Child Health service in 2017 and 2018 shows:

- the monthly average number of occasions of service for Sleep Groups in 2018 was 45 and the monthly average number of occasions of service for Sleep Groups in 2017 was 47; and
- the number of occasions of service for Sleep Groups is gradually declining over time.

Waiting times for Sleep Groups

2.55 The Maternal and Child Health service maintains information on the average number of days’ wait for Sleep Groups. Figure 2-8 shows the average days’ wait for Sleep Groups in 2017 and 2018.

Figure 2-8 Average days wait for Sleep Groups (2017 and 2018)



Source: Audit Office, based on Canberra Health Services information

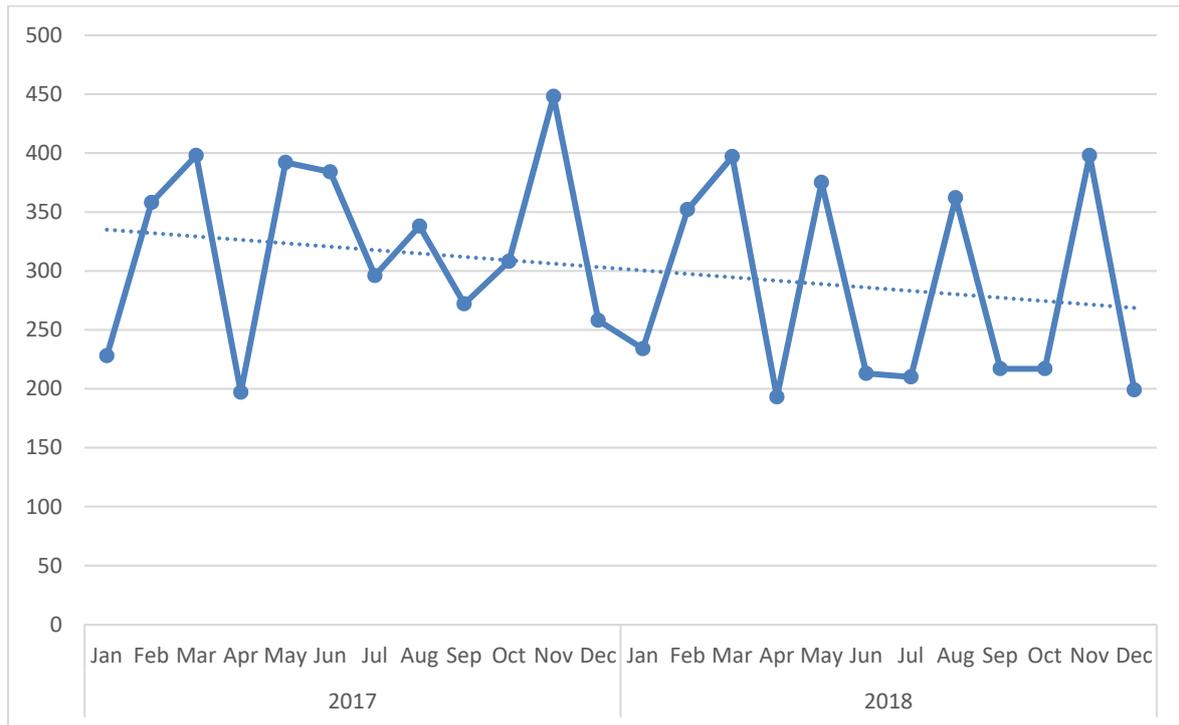
2.56 Analysis of the average days’ wait for Sleep Groups shows:

- in 2017 the average days’ wait was 24 and in 2018 the average days’ wait was 25, a slight increase of one day; and
- there was variability in the average days’ wait for Sleep Groups across the Child Health Centres, ranging from 30 days at the Gungahlin Child Health Centre 19 months to three years group to 18 days at the Gungahlin 3-8 months group in 2018.

New Parents Support Group

2.57 The Maternal and Child Health service facilitates New Parent Support Groups which, like Sleep Groups, require an appointment to attend. Designed for first time parents (infant from birth to three months old), the group is a four week program providing information and support during the early parenting period and an opportunity to identify vulnerable families. Figure 2-9 shows the number of occasions of service for New Parents Support Groups in 2017 and 2018.

Figure 2-9 New Parents Support Group occasions of service (2017 and 2018)



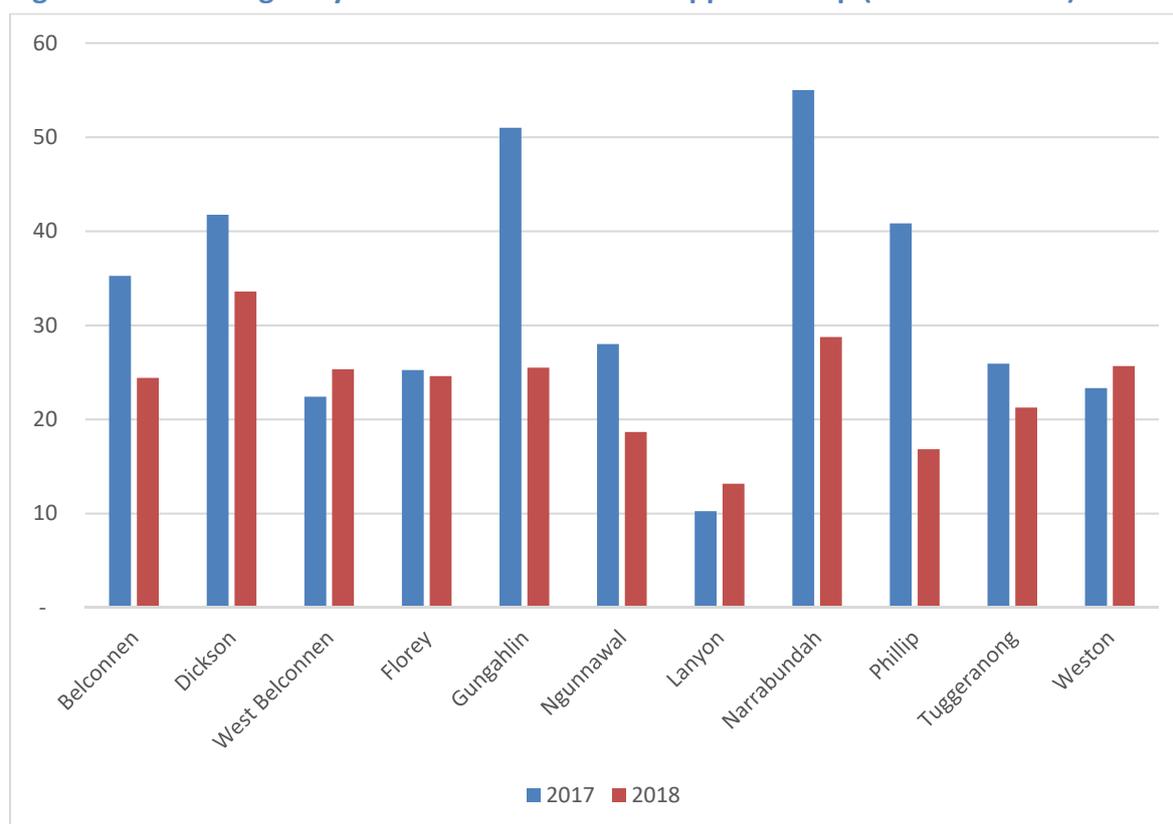
Source: ACT Audit Office, based on ACT Health data

2.58 A review of the number of occasions of service for New Parents Support Groups offered by the Maternal and Child Health service in 2017 and 2018 shows:

- the monthly average number of occasions of service for New Parents Support Groups in 2018 was 280 per month and the average number of occasions of service for New Parents Support Groups in 2017 was 323. This is a decrease of 13.3 percent; and
- the number of occasions of service for New Parents Support Groups is gradually declining over time although there is some variability from month to month.

Waiting times for New Parents Support Group

2.59 The Maternal and Child Health service maintains information on the average number of days' wait for New Parent Support Groups. Figure 2-10 shows the average days' wait for New Parents Support Groups in 2017 and 2018.

Figure 2-10 Average days wait for New Parents Support Group (2017 and 2018)

Source: Audit Office, based on Canberra Health Services information

2.60 Analysis of the average days' wait for New Parents Support Groups shows:

- in 2017 the average days' wait was 33 and in 2018 the average days' wait was 26, a decrease of 7 days; and
- there was variability in the average days' wait for New Parents Support Groups across the Child Health Centres, ranging from 15 days that Lanyon group to 37 days at the Dickson group 2018.

2.61 The Maternal and Child Health service offers a range of group sessions for more intensive support to mothers and their children, including the Early Days Group, Sleep Group and New Parents Support Group. These group sessions offer more detailed, ongoing support depending on the needs of the family. There has been a significant increase in the number of occasions of service for the Early Days Groups, from a monthly average of 90 in 2017 to 107 in 2018 (an increase of 15.8 percent). However, the number of occasions of service for the Sleep Groups and New Parents Support Groups is generally declining over time: the monthly average number of occasions of service for Sleep Groups in 2018 was 45 (a decrease of 4.4 percent compared to 2017); and the monthly average number of occasions of service for New Parents Groups in 2018 was 280 (a decrease of 13.3 percent compared to 2017). The group sessions offered by the Maternal and Child Health service offer a useful opportunity for contact between the Maternal and Child Health service and children and their families, including those who may be potentially vulnerable.

Sources of referrals to the Maternal and Child Health service

- 2.62 As discussed in paragraphs 2.18 to 2.26, all new births in the ACT of children registered at an ACT address are expected to be referred to the Maternal and Child Health service. However, the Maternal and Child Health service has advised that in practice, manual processes for referral, particularly with respect to births through non-ACT public hospital services, may result in the Maternal and Child Health service not knowing about some children born in the ACT when they are born.
- 2.63 It is also acknowledged that children may be born outside the ACT and subsequently move to the ACT with their families. There is no process for specifically identifying these children and communicating service opportunities to their families. Such a process would be practically difficult to achieve.

Review of Maternal and Child Health service files

- 2.64 Twenty-six Maternal and Child Health service files were reviewed in order to understand processes for attendance at the Maternal and Child Health service and processes for referrals to other programs and services. In reviewing the files it was evident that a child may have attended the Maternal and Child Health service for more than one reason. A review of the files showed:
- for 17 files there was attendance at some of the developmental checks;
 - for 11 files a variety of health and development issues were raised;
 - for eight files issues associated with feeding and nutrition and weight gain were raised;
 - for two files issues associated with sleep were raised; and
 - for two files issues associated with sleeping and hearing were raised.
- 2.65 The files did not routinely document the source of referrals to the Maternal and Child Health service. However, two of the files reviewed included case notes that indicated that the parent had been advised to attend the service by a general practitioner and two files noted recent involvement with Midcall.²⁰ Canberra Health Services advised that sources of referrals are documented in the ACT Patient Administration System (ACTPAS).

²⁰ Midcall is the midwifery home visiting program provided by the Centenary Hospital for Women and Children (CHWC) for women who birth at the CHWC and their babies. Canberra Hospital and Health Services, Clinical Procedure, Midcall – Early Discharge Service, 2017.

Child and Family Centres

2.66 Child and Family Centres are operated by the Community Services Directorate. There are three Child and Family Centres in the ACT, which are located at:

- Gungahlin;
- Tuggeranong; and
- West Belconnen.

2.67 The role of the Child and Family Centres is communicated to families as a 'one stop shop' that is available to all families from pre-birth through to the early years of a child's life. For families with young children to promote the Community Services Directorate's approach to providing culturally safe, inclusive and non-stigmatising services and supports. Through the Child and Family Centres families can access a range of specialist counselling, legal and targeted programs which are available on-site or through referral processes facilitated by the staff.

2.68 According to the *Child and Family Centres ACT – A Guide to our programs and services 2019* document, 'the Centres are staffed by a multidisciplinary team, and are designed to provide a range of support programs to assist parents and children'. The Centres focus on services and support for children from pre-birth to eight years, although some services may be offered to children up to twelve years old. The Community Services Directorate advised:

The early intervention approach of the Child and Family Centres is underpinned by three key things:

- Positively influencing the developmental pathways and life trajectory of children.
- Building the capacity and resiliency of families to support their children (supporting parents, carers and kin in their parenting role).
- Operating through a service network approach where Child and Family Centre staff proactively strengthen the linkages and connections for families to supportive communities and services they need.

2.69 Key programs and supports, of relevance to the birth to five years old age group which are the focus of this audit include:

- drop-in parenting support for children and their families;
- ongoing support for children and their families; and
- a range of other programs and supports.

2.70 If necessary ongoing support may be provided to parents and carers. The *Child and Family Centres ACT – A Guide to our programs and services 2019* document notes ‘Child and Family Workers are available to provide ongoing support for children and families. No two families are the same so Child and Family Workers will provide a tailored service to your child and family’. In its response to the draft proposed report the Community Services Directorate advised:

The success of the Child and Family Centre delivery approach is the capacity to tailor responses to meet the needs of individual families. For example, Child and Family Workers can help coordinate services that are involved and providing support to families; help develop strategies to support children’s behaviour; assist with access to other services including short-term child care assistance for eligible families; provide drop in parenting and family support through the intake service either in person or over the phone; and offer a range of programs and groups for parents and children relating to parenting and family relationships.

2.71 Appendix A provides further information on Child and Family Centre services.

2.72 A feature of the Child and Family Centres is the co-location of other programs and services, including:

- health and developmental checks for children conducted by Maternal and Child Health Nurses;
- child development checks conducted by the Child Development Service; and
- interviews for children with disability regarding their eligibility for support under the National Disability Insurance Scheme conducted by EACH²¹ (for the National Disability Insurance Agency in Canberra).

2.73 While Child and Family Centres have an important role in connecting families with the range of services and supports available from other government services and community sector partners, it is noted that Child and Family Centres are not the sole entry point for vulnerable families.

Occasions of service

2.74 The Community Services Directorate reports the total number of occasions of service of the Child and Family Centres in its annual reports. Table 2-3 shows the total number of occasions of service reported by Child and Family Centres between 2015-16 and 2017-18.

Table 2-3 Child and Family Centre occasions of service (2015-16 to 2017-18)

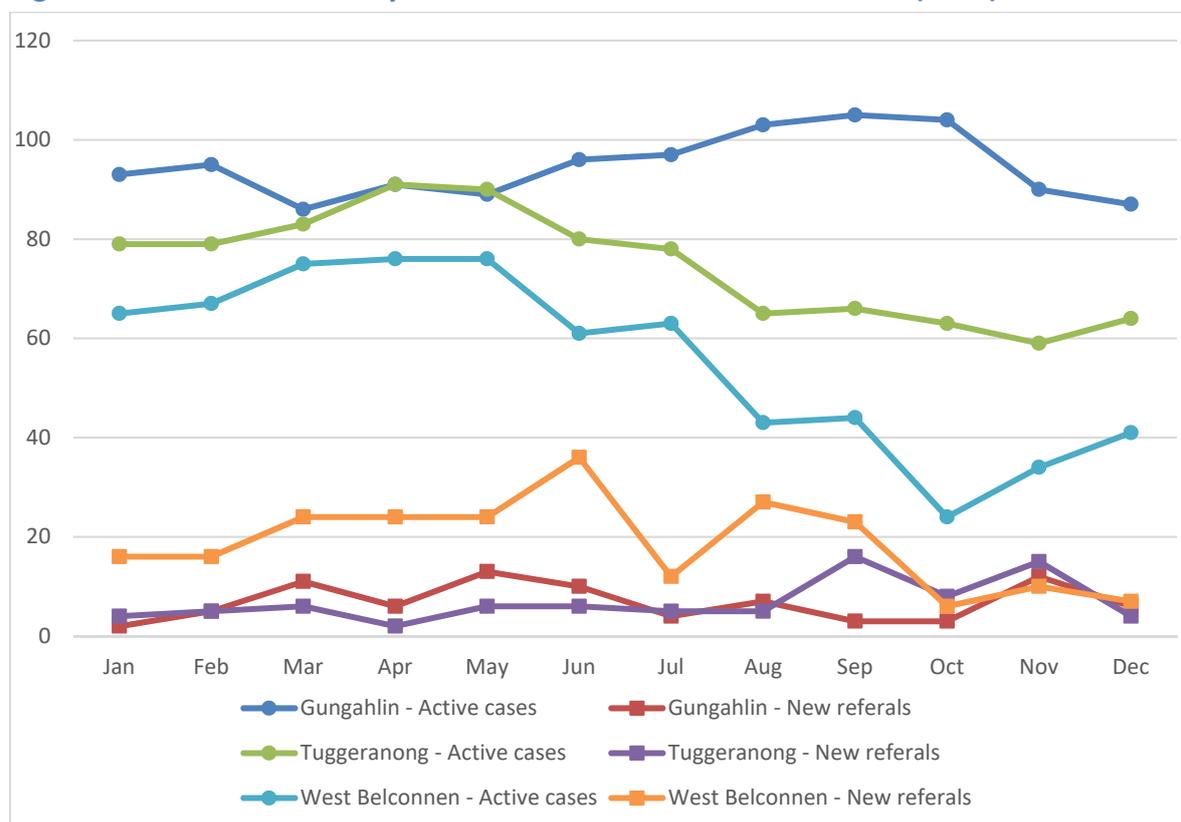
Year	Occasions of service	Increase in occasions of service (%)
2015-16	8 346	-
2016-17	8 615	3
2017-18	9 863	14

Source: Community Services Directorates annual reports

²¹ EACH provides an integrated range of health, disability, counselling and community mental health services across Australia <http://www.each.com.au/about-us/> Accessed 12 February 2019

2.75 Monthly reports are prepared on the activities of the Child and Family Centres. These reports provide information on the caseloads of the Centres, the numbers of participants in group activities and a range of other matters, including caseload pressures. Figure 2-11 shows the number of monthly active cases and new referrals for all three Child and Family Centres in 2018 as reported through the monthly reports.

Figure 2-11 Child and Family Centre active cases and new referrals (2018)



Source: ACT Audit Office, based on Community Services Directorate information (monthly reports)

2.76 Analysis of the number of monthly active cases and new referrals for the Child and Family Centres, as reported in monthly reports, in 2018 shows:

- the average number of active monthly cases for each of the three Child and Family Centres for 2018 was 75. There was some variability across the different centres, however, with an average of 94 in Gungahlin, 74 in Tuggeranong and 55 in West Belconnen; and
- the average number of new referrals for each of the three Child and Family Centres for 2018 was 10. There was some variability across the different centres, with an average of 6 in Gungahlin and Tuggeranong and 18 in West Belconnen.

2.77 In its response to the draft proposed report the Community Services Directorate advised that 'an active case refers only to the families receiving either *individual case management* or the *Parents as Teachers (PAT)* home visiting program', i.e. 'where there is an allocated worker on the CHYPS client management system', but does not include group participants. The Community Services Directorate also advised that a comparison of caseloads across the

three Child and Family Centres needed to be undertaken with caution, noting that ‘cases vary in complexity and duration which relates to the complexity of family need and subsequent case management intervention’. The Community Services Directorate advised ‘the number of cases cannot be used as an indication of workload or a comparator across the Centres; neither on a month by month or comparative basis’. While this view is acknowledged the Audit Office notes that the internal monthly reports provides the most tangible and regular reporting on the activities of the Child and Family Centres and should, over time, provide useful information on activities and associated trends.

- 2.78 The Child and Family Centres provide a ‘one stop shop’ for families with young children to promote the Community Services Directorate’s approach to providing culturally safe, inclusive and non-stigmatising services and supports. The number of occasions of service provided by the Child and Family Centres has steadily increased in the three years to 2017-18, with a total of 9,863 occasions of service reported in 2017-18 (an increase of 14 percent over 2016-17). In 2018 each of the three Child and Family Centres reported having an average of 75 active cases, although this varied across the centres, ranging from 94 at Gungahlin to 55 at West Belconnen.

Sources of referrals to the Child and Family Centres

Review of Child and Family Centre files

- 2.79 Sixty-two Child and Family Centre files were reviewed in order to understand processes for attendance at the Child and Family Centres and processes for referrals to other programs and services. Table 2-4 shows the sources of referral to the Child and Family Centres for the files reviewed as part of the audit.

Table 2-4 Sources of referrals to Child and Family Centres (file review analysis)

Sources of referral	Gungahlin	Tuggeranong	West Belconnen	Total	Percentage of total
Self	14	9	10	33	53.2
Maternal and Child Health/Parenting Enhancement Program	3	4	2	9	14.5
Child and Youth Protection Services	0	7	2	9	14.5
Canberra Hospital (social work)	1	0	0	1	1.6
Canberra Hospital (ante- and peri-natal)	0	2	1	3	4.8
Justice and Community Safety Directorate	0	1	1	2	3.2
Community organisation	1	0	2	3	4.8
OneLink	0	0	1	1	1.6
Transfer from other Child and Family Centres	0	0	1	1	1.6
Total	19	23	20	62	100.0

Source: ACT Audit Office analysis of Children and Family Centre file review data

2.80 A review of Child and Family Centre files shows referrals to the Centres come from a range of different sources. In just over half of the cases examined, clients attended on their own initiative. It is noted, however, that although a number of intake forms indicated self-referral this was often on the recommendation of a Maternal and Child Health nurse or other health professional, such as those involved in perinatal services at hospitals. Other key sources of referrals that were explicitly acknowledged and documented on the files were the Maternal and Child Health service and the Child and Youth Protection Service.

2.81 In its response to the draft proposed report the Community Services Directorate advised 'families often don't clearly identify referral sources, making the capture of 'referral in' information difficult. It may be another service recommended them to the [Child and Family Centre] but as the family initiated contact they do not identify the recommending referrer'.

Warm referrals

2.82 Sometimes families are referred to a Child and Family Centre through a personal introduction (warm referral) between a client and a service provider to help the client engage with the service. Warm referrals to a Child and Family Centre may occur following visits to the Centre for a Maternal and Child Health service developmental check. The Child and Family Centres aim, where possible, to facilitate warm referrals to and from services,

particularly those services provided at the Centres. Evidence of warm referrals was found in some of the 62 selected cases examined in the audit.

- 2.83 A review of Child and Family Centre files shows that the Centres routinely documented the source of referral to the Centre, i.e. the initial catalyst for attendance. In just over half of the files examined, clients attended on their own initiative, i.e. self-referral. It is noted, however, that although a number of intake forms indicated self-referral this was often on the recommendation of a Maternal and Child Health nurse or other health professional, such as those involved in perinatal services at hospitals. The other files explicitly acknowledged and documented a range of other sources of referrals, including the Maternal and Child Health service and the Child and Youth Protection Service. This demonstrates that there is a knowledge and awareness of the Child and Family Centres and their services across a range of government and non-government agencies and services.

Child Development Service

- 2.84 The Child Development Service, established in 2016, is a multi-disciplinary team including physiotherapists, psychologists, speech pathologists, allied health workers, social workers, teachers and occupational therapists. It focuses on children from birth to six years and provides universal, targeted and treatment services.
- 2.85 The Child Development Service offers ‘assessment, referral, information and linkages for children 0-6 years where there are concerns relating to their development’. Where it is identified that a child requires early intervention support, the Child Development Service refers families to the National Disability Insurance Agency and its external service partner EACH.
- 2.86 Parents and carers may access the Child Development Service through:
- a telephone or online referral directly to the Child Development Service (a referral may also be made by early childhood educators, teachers, general practitioners, health workers and case workers with the parent or guardian’s permission); or
 - attendance at a drop-in clinic.
- 2.87 Drop-in clinics relating to speech pathology and physiotherapy are offered at:
- the Child Development Services premises at Holder; and
 - all three Child and Family Centres.
- 2.88 Appendix A provides further information on the Child Development Service.

Hours of service

2.89 The Community Services Directorate reports the total number of hours of service of the Child Development Service in its annual reports. Table 2-5 shows the total number of hours of service provided by the Child Development Service between 2015-16 and 2017-18.

Table 2-5 Child Development Service hours of service (2016-17 to 2017-18)

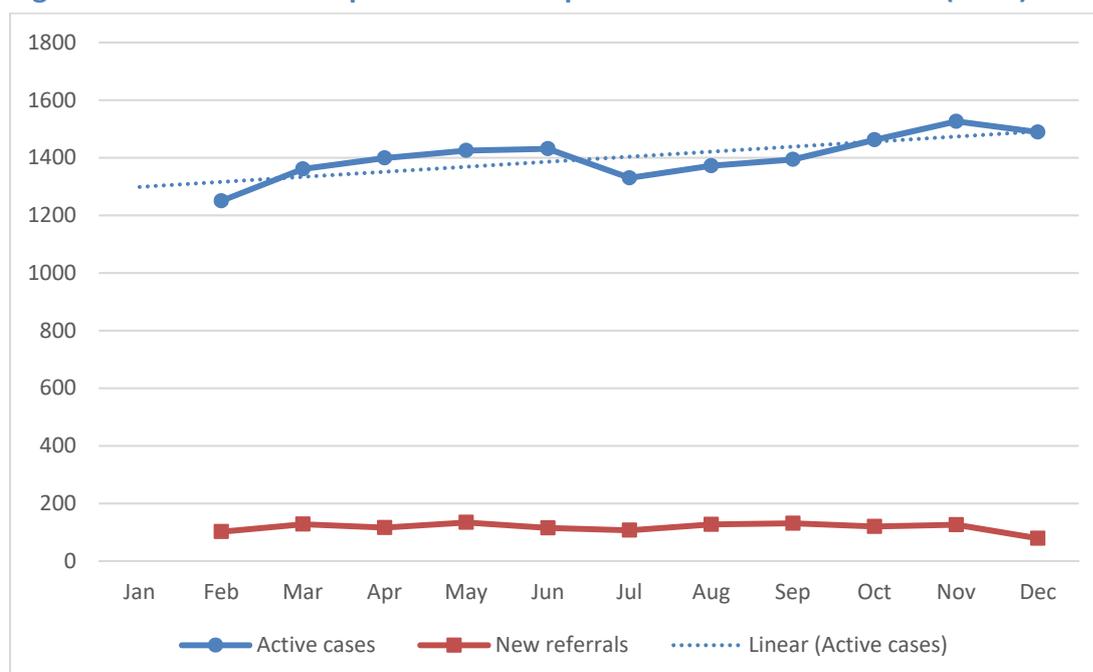
Year	Hours of service	Change in hours of service (%)
2016-17	22 569	-
2017-18	19 864	-12.0

Source: Community Services Directorates annual reports

2.90 A review of the total number of occasions of service offered by the Child Development Service between 2016-17 and 2017-18 shows there was a decrease in hours of service provided by the Child Development Service. In its *2017-18 Annual Report*, the Community Services Directorate reported that the ‘lower than target result [for 2017-18] is due to the drop in demand for the Developing Kids program, changing referral patterns and the difficulty in recruiting clinical positions’.

2.91 Monthly reports are prepared on the activities of the Child Development Service. These reports provide information on the activities of the Child Development Service including open cases and new referrals. Figure 2-12 shows the number of monthly active cases and new referrals for the Child Development Service in 2018 as reported through the monthly reports.

Figure 2-12 Child Development Service open cases and new referrals (2018)



Source: ACT Audit Office, based on Community Services Directorate information

Note: A report for January 2018 was not prepared.

2.92 Analysis of the number of monthly active cases and new referrals to the Child Development Service in 2018 shows:

- the average number of Child Development Service monthly open cases in 2018 was 1,404;
- the number of open cases does not vary significantly between each month, but the number of open cases has been trending upwards; and
- the average number of new referrals received each month is 117, with a total of 1,577 being received in the 11 month period.

Groups for parents and children

2.93 As part of its service, the Child Development Service offers a number of groups for parents and children. These include:

- Is Your Toddler Talking;
- Fluency Parent Workshop;
- Early Language Group;
- Emerging Language Group;
- Developing Language Group;
- Big Talkers Group;
- Multicultural Language Group;
- Making a Solid Start;
- Sensory Processing;
- Hands On;
- Early Gross Motor Skills;
- Preschool Gross Motor Group;
- Fun with Food;
- Developing Kids Group.

2.94 Attendance at these groups, which is reported monthly, varies between each month and group. For example, the *Is Your Toddler Talking* group had on average 12 parents attending each month, with up to 26 attending in February 2018. The *Making a Solid Start* group also had parents attending each month, with 20 on average each month. Both groups had constant numbers of parents attending each month.

2.95 Attendance at the other groups was considerably more variable. However, this may be due to groups only being offered when there is an identified demand or need. For example, 12 parents attended a Fluency group in April 2018, eight in July 2018 and 15 in December

2018. The monthly reports noted that these groups were offered due to needs identified at other groups or clinics.

2.96 Also reported monthly, as outreach activity, is attendance by Child Development staff at groups provided through other agencies. These include:

- Little Brother – Little Sista Playgroup;
- Canberra College Cares;
- Strong Women’s Group;
- Deadly Bubs Playgroup;
- Tuggeranong Child and Family Centre Koori Playgroup;
- Gugan Gulwan Parenting Our Way Group; and
- Koori Preschools at Kingsford Smith School, Richardson Primary School, Wanniasa School and Narrabundah Early Childhood School.

2.97 There were 69 visits by Child Development staff to outreach groups between October 2017 and December 2018.

2.98 The Child Development Service offers ‘assessment, referral, information and linkages for children 0-6 years where there are concerns relating to their development’. This includes a range of one-on-one programs and services as well as group sessions for parents and children. In 2018 a total of 1,577 new referrals were received by the Child Development Service, with an average of 117 per month. The average number of Child Development Service cases that remained open each month in 2018 was 1,404. The average number of Child Development Service cases that remained open each month has been trending upwards.

Autism Spectrum Disorder service

2.99 The Child Development Service undertakes assessments of children who may have an Autism Spectrum Disorder. The Child Development Service offers a comprehensive, multidisciplinary autism assessment service that includes the use of interviews, diagnostic assessment tools and observations of the child in a natural social setting. The Community Services Directorate advised that ‘the Child Development Service is the only ACT Government funded psychology service providing developmental assessment for children under school age and/or autism spectrum disorder diagnostic assessment for children up to 12 years of age. The other option for families is to seek private services for a diagnosis assessment’. For these reasons, the Community Services Directorate advises that the Child Development Service is a ‘service of choice for referrers, particularly for children with a complex developmental presentation’.

2.100 Table 2-6 shows the number of children waiting for an Autism Spectrum Disorder diagnostic assessment in 2018 and the maximum wait time reported for each month.

Table 2-6 Autism Spectrum Disorder diagnostic assessment waitlist and maximum waiting time (2018)

Month (2018)	Number of children on waitlist	Longest waiting time (months)
February	133	9
March	101	12
April	Not reported	10
May	128	11
June	135	12
July	124	12
August	105	12
September	90	11
October	94	10
November	97	12
December	97	12

Source: Audit Office, based on Community Services Directorate data

Note: Data is not available for the month of January.

2.101 Analysis of Autism Spectrum Disorder assessment waitlists and waiting times for 2018 shows:

- maximum wait times for Autism Spectrum Disorder diagnostic assessments ranged between nine and twelve months; and
- there has been a decrease in the number of children waiting for an Autism Spectrum Disorder diagnostic assessment, from 133 in January 2018 to between 90 and 97 between September and December 2018.

2.102 The Community Services Directorate advised that:

The Child Development Service is currently funded for three full-time psychology positions under a three-year agreement with the Education Directorate. The service has experienced ongoing recruitment issues, and since the beginning of June 2018 there has been no psychologist with the skills required to administer Autism Spectrum Disorder assessments employed by the Child Development Service. This has subsequently impacted wait times for families seeking autism assessments.

2.103 The Community Services Directorate advised that the Child Development Service has pursued several strategies to bring forward appointments and mitigate wait times, including re-advertising the positions at a higher classification, but that this was unsuccessful.

2.104 The Community Services Directorate also advised that, in June 2018, the Child Development Service commenced a two-stage procurement process to purchase private psychology services to assist with Autism Spectrum Disorder assessments. Stage one involved psychologists completing Autism Spectrum Disorder (ASD) assessments as part of a Child Development Service multidisciplinary assessment process. Stage two involved providers

completing Autism Spectrum Disorder assessments on behalf of the Child Development Service. The procurement process resulted in seven private providers commencing work in July 2018 and this has since been extended until the end of 2019. It is expected that this procurement will facilitate appropriate service provision for children requiring an Autism Spectrum Disorder assessment and reduce waiting times.

2.105 In its response to the draft proposed report the Community Services Directorate advised:

Awareness of [Autism Spectrum Disorder] is increasing in the public domain and families are approaching services with concerns early. Early engagement is positive. It allows timely investigation of concerns and linking of families to access necessary assessments or early intervention supports to maximise outcomes for their child.

Due to the comprehensive assessment approach, the Child Development Service is a service of choice for referrers, particularly for children with a complex developmental presentation.

2.106 An important activity of the Child Development Service is undertaking assessments of children who may be suspected of having Autism Spectrum Disorder. The Child Development Service offers a comprehensive, multidisciplinary autism assessment service that includes the use of interviews, diagnostic assessment tools and observations of the child in a natural social setting. In 2018 the monthly maximum wait times for Autism Spectrum Disorder diagnostic assessments ranged between nine and twelve months, although there has been a decrease in the number of children waiting for an Autism Spectrum Disorder diagnostic assessment, from 133 in January 2018 to between 90 and 97 between September and December 2018. Delays in receiving an Autism Spectrum Disorder assessment, particularly at such an important and evolving stage of development in a child's life, presents a risk to the development of the child and the opportunity to provide appropriate interventions and supports. The Community Services Directorate is in the process of purchasing private psychology services to assist with Autism Spectrum Disorder assessments on behalf of the Child Development Service. It is expected that this will assist in addressing wait times and delays in receiving assessments.

Sources of referrals to the Child Development Service

2.107 Potentially vulnerable children may come to the attention of Child Development Service staff through:

- self-referral by parents (drop-ins by concerned parents at Child Development Service speech pathology and physiotherapy clinics, located at Holder, and the Child and Family Centres, or by calling the Child Development Service to make an appointment); and
- referrals by other agencies, programs or services. A range of typical referrers includes Maternal and Child Health nurses, ACT Government preschools and early childhood education and care providers, Child and Family Centres (supported referrals by a Child and Family Centre case worker), Child Health Medical Officers (the Child Development Service shares some space with Health Directorate), Child and Youth Protection Services, Child at Risk Health Unit and community organisations.

2.108 The Child Development Service also has an Early Years Engagement Officer that works closely with several specialist services through an outreach approach. The Community Services Directorate advises that this approach is effective in engaging with Aboriginal and Torres Strait Islander families with young children.

Review of Child Development Service files

2.109 Ten Child Development Service files were reviewed in order to understand processes for attendance at the Child Development Service and processes for referrals to other programs and services. Table 2-7 shows the sources of referral to the Child Development Service for the files reviewed as part of the audit.

Table 2-7 Sources of referral to Child Development Service (file review)

Source of referral	Number
Self-referral (usually drop in clinics)	7
Self-referral (no documentation of advice to do so)	4
Self-referral suggested by other agencies	
Preschool	1
Maternal and Child Health nurse	2
Non-self-referral	3
Winnunga Nimmityjah Aboriginal Health Service	1
Child and Family Centre	1
Hospital physiotherapist	1
Total	10

Source: ACT Audit Office analysis of Children and Family Centre file review data

2.110 A review of Child Development Service files shows that seven of the ten files reviewed were identified as self-referrals, usually at Child Development Service drop-in clinics. In three cases it was identified that the self-referrals followed consultation with other services:

- in one case, the preschool advised that the child should be assessed; and
- in two cases, the Maternal and Child Health nurse recommended assessments of the child (in one of these cases a general practitioner also recommended that the child be assessed).

2.111 For the three cases that were not self-referrals:

- one contact was initiated from the Winnunga Nimmityjah Aboriginal Health Service following a hearing test;
- one contact was initiated by staff from a Child and Family Centre; and
- one contact was initiated by a hospital physiotherapist.

- 2.112 In its response to the draft proposed report the Community Services Directorate advised “warm referrals’ are certainly a service that is offered by [the Child Development Service] where appropriate, and it is felt that the very small, and not statistically representative samples of files audited, has affected the opportunity to understand and see demonstration of the full [Child Development Service] offer’.
- 2.113 A review of Child Development Service files shows that sources of referrals are routinely documented, i.e. the initial catalyst for attendance. For seven of the ten files, the source of the referral was identified as a self-referral by the parent or carer, usually at a Child Development Service drop-in clinic. In three of these files, however, it was apparent that the self-referral followed consultation with other services, including the Maternal and Child Health service in two instances. In three other instances there were explicit and documented referrals from the Winnunga Nimmityjah Aboriginal Health Service, a Child and Family Centre and a hospital physiotherapist. This demonstrates that there is a knowledge and awareness of the Child Development Service and its services across a range of government and non-government agencies and services.

3 REFERRALS FROM UNIVERSAL EARLY FAMILY SUPPORT SERVICES

- 3.1 Many children and their families require targeted, more intensive, support. This may be to address a child’s developmental delay or disability, such as a sensory, motor and/or neurological disability and/or behavioural or psychological/emotional concerns. Some families also need greater support, for example, with developing parenting skills and/or in addressing other problems, such as substance abuse or domestic violence. This chapter discusses intake and referral processes for universal early family support services.

Summary

Conclusion

Once a universal family support service such as the Maternal and Child Health service, the Child and Family Centres or the Child Development Service engages with a child or their family there is evidence of a range of services and supports put in place for the child and the family to address their specific needs and vulnerabilities. All universal family support services demonstrated linkages with, and referrals to, a range of other programs and services, including those offered by ACT Government agencies and those offered by external providers such as community organisations. However, referral processes from the universal early family support services could be strengthened by better, more comprehensive administrative and procedural guidance for staff and practitioners, particularly with respect to practical, administrative guidance for staff on processes for referrals to other programs and services.

Key findings

The Maternal and Child Health service has developed a series of policy and procedural guidance documents that provide information on the model of care and clinical practices to be followed for services to children and their mothers. These documents also provide comprehensive information on the programs and services that are offered through the Maternal and Child Health service, as well as eligibility criteria and requirements for these services. Collectively the documents provide comprehensive clinical guidance to Maternal and Child Health nurses to identify potentially vulnerable children and their families. There is, however, little practical administrative guidance for Maternal and Child Health nurses for processes for referrals to other programs and services, including:

- communication protocols with other programs and services, particularly external agencies; and

Paragraph

3.13

- procedures for follow-up of referrals, including procedures to identify whether and how a client had actually attended the other program or service, and actions to be taken if the client did not.

A review of 26 Maternal and Child Health service files showed that mothers (and their children) received a wide range of services through the initial contact and communication with the Maternal and Child Health service. The average number of occasions of service was ten, with the number of occasions of service ranging between one and 28 across the files reviewed. Five children were referred to other programs and services within the Maternal and Child Health service, including Sleep Groups and Early Days Groups. Eighteen children were referred to a range of other programs and services including the Women, Youth and Children Nutrition Service and general practitioners. When a referral was made to another Canberra Health Services service, including the Women, Youth and Children Nutrition Service or Physiotherapy Drop in Service, and the Child Development Service, the results of the referral were communicated to the Maternal and Child Health service and put on the client file with the consent of the parent. When Maternal and Child Health nurses referred clients to external programs and services (for example, to a paediatrician or to the Queen Elizabeth II Family Centre) the result of the referral was not included on the client file unless the parent provided the information during a subsequent Maternal and Child Health visit. The Maternal and Child Health service does not routinely follow-up or seek information on whether the referral was followed-through. This contributes to a lack of available follow up information for Maternal and Child Health nurses.

3.23

There are two Maternal and Child Health service programs that provide more intensive support for vulnerable children and families in the ACT: the Parenting Enhancement Program, which is operated by the Maternal and Child Health service; and the Integrated Multi-agencies for Parent and Children Together Program (IMPACT), which is operated by the Maternal and Child Health service, but includes professionals from other business units and services to provide a multi-disciplinary approach to care. In 2018 there was a total of 5,834 occasions of service reported for both of these programs (a decrease of 12.5 percent compared to 2017) with an average of 485 occasions of service for each month. The programs are an example of enhanced parenting support provided to vulnerable families and children.

3.35

The Community Services Directorate has developed policy and procedural guidance documents for staff that provide information on the model of care and clinical practices to be followed for services to children and families. Collectively the documents provide clinical guidance to Child and Family Centre staff to provide escalating support to children and families, including those that are potentially vulnerable. There is, however, little practical administrative guidance for Child and Family Centre staff with respect to processes for referrals to other programs and services, including:

3.58

- communication protocols with other programs and services, particularly external agencies; and
- procedures for follow-up of referrals, including procedures to identify whether and how a client had actually attended the other program or service, and actions to be taken if the client did not.

The Community Services Directorate has commenced a project to develop an *Integrated Management System* for the Child Development Service and the Child and Family Centres. A key deliverable associated with the *Integrated Management System* is expected to be a complete set of policies, procedures and related resources, available for use and reference of Child and Family Centre and Child Development Service staff through an 'electronic portal'. 3.59

A review of 62 Child and Family Centre files showed that a number of families and their children were referred to a wide range of programs and services following attendance at the Child and Family Centre. These included programs and services offered by other ACT Government services, including the Maternal and Child Health service and Child Development Service, and programs or services offered through other community organisations and groups. The referrals demonstrate that the Child and Family Centres are linking clients, including potentially vulnerable families and children, with a range of services suitable and appropriate to their needs. 3.72

In September 2017 a Memorandum of Understanding was agreed between the Community Services Directorate and former Health Directorate to support the commitment and aims of the Child and Family Centres. The Memorandum of Understanding provides a framework of principles for the delivery of services through the Child and Family Centres, as well as detailed information and guidance on administrative and operational matters associated with the co-location of the services. The development and implementation of the Memorandum of Understanding is a useful mechanism to improve administrative effectiveness and service delivery between the agencies. The Memorandum of Understanding provides for key senior executives from the two agencies to meet every six months for the purpose of strategically planning for service delivery at the Child and Family Centres and for quarterly reviews of the arrangement between the relevant Child and Family Centre Manager and the local Maternal and Child Health service Clinical Nurse Manager. The key senior executives from the two agencies have not formally met as required by the Memorandum of Understanding, nor is there visibility at an organisational level of any quarterly meetings that were to occur at a local level. The Audit Office was advised in May 2019 that six-monthly meetings dedicated to the Memorandum of Understanding and its implementation have now been scheduled. 3.90

Maternal and Child Health service

Policy and procedural guidance

3.2 The Maternal and Child Health service has a variety of policy and procedural guidance to support its staff in providing services and identifying and responding to potentially vulnerable children and families. These include:

- *Maternal and Child Health Service Model of Care (2018)*;
- *Canberra Hospital and Health Services Clinical Guideline – Maternal and Child Health Services in the ACT (2018)*; and

- *Division of Women, Youth and Children Community Health Programs – Service Guidelines & Referral Criteria (2017).*

3.3 There are also a series of forms that support administration and service delivery including:

- *Initial Maternal and Child Health Assessment – Maternal History;* and
- *Initial Maternal and Child Health Assessment – Infant History.*

Maternal and Child Health Service Model of Care (2018)

3.4 According to the *Maternal and Child Health Service Model of Care (2018)*:

The Maternal and Child Health (MACH) model of care is the culmination of several years' work in the redesign of the MACH service in the ACT. In 2015 work began to create a MACH service for the women, babies and families of Canberra and its region that meets the contemporary directions in healthcare to be consumer centred, agile and responsive to the changing demands of our ever growing city. The resulting model of care nestles into the principles of the National Framework of Child and Family Health.

3.5 As noted in Chapter 2, the *Maternal and Child Health Service Model of Care (2018)* outlines the philosophy of maternal and child health service delivery according to the concept of 'proportionate universalism'.

3.6 The *Maternal and Child Health Service Model of Care (2018)* outlines how referrals to the Maternal and Child Health service will be managed and prioritised:

Referrals, received by MACH, are allocated a priority status by the referrer of either Standard, Priority or Urgent.

Standard – minimal maternal and / or neonatal complications.

Priority – The client may present with: breastfeeding difficulties, complicated births and /or adverse maternal outcomes, multi-births, neonatal issues i.e. low birth weight, culturally and linguistically diverse (CALD) clients.

Urgent – Client may present with complex psychosocial factors, baby weight loss >10%, young parents.

3.7 The *Maternal and Child Health Service Model of Care (2018)* also outlines the different programs and services offered by the Maternal and Child Health nurses and the nature and characteristics of the children and families who would benefit from the programs and services.

Canberra Hospital and Health Services Clinical Guideline – Maternal and Child Health Services in the ACT (2018)

3.8 The *Canberra Hospital and Health Services Clinical Guideline – Maternal and Child Health Services in the ACT (2018)*:

... outlines the provision of client care by Maternal and Child Health (MACH) nurses in the Women Youth & Children Community Health Programs (WYCCHP) to achieve optimal health outcomes for families with children under 6 years of age.

- 3.9 Similar to the *Maternal and Child Health Service Model of Care (2018)* the *Canberra Hospital and Health Services Clinical Guideline – Maternal and Child Health Services in the ACT (2018)* outlines the different programs and services offered by the Maternal and Child Health nurses and the nature and characteristics of the children and families who would benefit from the programs and services. It also provides guidance on clinical processes to be employed as part of the different maternal and child health services and linkages to clinical-specific policies and procedures and other tools in use within Canberra Health Services.

Division of Women, Youth and Children Community Health Programs – Service Guidelines & Referral Criteria (2017)

- 3.10 The *Division of Women, Youth and Children Community Health Programs – Service Guidelines & Referral Criteria (2017)* provides specific information on the different programs and services offered through Canberra Health Services, including information on:

- administrative and operational matters, e.g. location, hours of service;
- processes for the referral of children and families to these services; and
- eligibility criteria.

- 3.11 While there is comprehensive clinical guidance for Maternal and Child Health Nurses with respect to identifying potentially vulnerable children and identifying programs, services and other agencies that may be best-suited to providing services to vulnerable children and their families, there is little practical administrative guidance for Maternal and Child Nurses for referrals to other programs and services including:

- communication protocols with other programs and services, particularly external agencies; and
- procedures for follow-up of referrals, including procedures to identify whether and how a client had actually attended the other program or service, and actions to be taken if the client did not.

- 3.12 In its response to the draft proposed report, Canberra Health Services noted:

[The Maternal and Child Health service] is a primary health care service. The client is engaging voluntarily and must voluntarily act on recommendations. However, a [Child and Youth Protection Service] report is made if a mother is failing to provide adequate care for her child.

Sometimes a carer needs to hear it on several occasions, and adopt a wait and watch approach before they choose to follow advice. Action may be in the form of repeated encouragement to engage with other services.

- 3.13 The Maternal and Child Health service has developed a series of policy and procedural guidance documents that provide information on the model of care and clinical practices to be followed for services to children and their mothers. These documents also provide comprehensive information on the programs and services that are offered through the Maternal and Child Health service, as well as eligibility criteria and requirements for these services. Collectively the documents provide comprehensive clinical guidance to Maternal and Child Health nurses to identify potentially vulnerable children and their families. There

is, however, little practical administrative guidance for Maternal and Child Health nurses for processes for referrals to other programs and services, including:

- communication protocols with other programs and services, particularly external agencies; and
- procedures for follow-up of referrals, including procedures to identify whether and how a client had actually attended the other program or service, and actions to be taken if the client did not.

Intake and assessment processes

3.14 The Maternal and Child Health service has developed and implemented a series of forms that support intake and assessment processes including:

- *Initial Maternal and Child Health Assessment – Maternal History*; and
- *Initial Maternal and Child Health Assessment – Infant History*.

3.15 When a child attends a Maternal and Child Health service for the first time an *Initial Maternal and Child Health Assessment - Infant History* form is completed. Along with general medical information relating to the child, the form is used to identify any concerns regarding the child. A plan of action to address those concerns is expected to be developed, including resources provided and referrals to other services.

3.16 A review of 26 Maternal and Child Health files identified an *Initial Maternal and Child Health Assessment - Infant History* form had been collected and documented for 23 of the 26 files. For the files where there was not a form, it was noted that one child had been discharged from the BlueStar Clinic,²² and one had been transferred from hospital; it was not clear why the form was not on the client record for the other file.

Maternal and Child Health service – file review analysis

3.17 Twenty-six Maternal and Child Health files were selected for further examination to identify processes for the intake and referral of families and children. The review of files showed that the responsible Maternal and Child Health nurse noted on the file:

- any specific health and development concerns that were identified regarding the child;
- actions taken and referrals made to programs and services, including services offered by the Maternal and Child Health service and other organisations; and
- if repeated bookings were made that had not been actioned.

²² The Blue Star Clinic at Canberra Hospital, is an outpatient clinic that works with IMPACT and the perinatal programs providing ongoing support for babies up to 12 months after discharge from hospital after delivery to parents where drug misuse occurred during pregnancy.

<http://findahealthservice.act.gov.au/c/fahs?a=sp&pid=1316133581&site=52136&servicecategory=29> Accessed 27 February 2019.

Maternal and Child Health service visits

- 3.18 In relation to Maternal and Child Health service visits, a review of the 26 files shows:
- the average number of occasions of service was ten, with the number of occasions of service ranging between one and 28;
 - for ten of the files reviewed, the client had ten or more occasions of service; and
 - for three of the files reviewed, the client had 20 or more occasions of service.
- 3.19 For one file, in which there were 20 occasions of service recorded, it was apparent that this was primarily to check weight gain. For another file, in which there were 28 occasions of service recorded, it was apparent that the mother was particularly anxious and appeared to require reassurance.

Referrals to other programs and services

- 3.20 In relation to referrals to other programs and services a review of the 26 files shows:
- three children were referred to a Maternal and Child Health service Sleep Group; and
 - two children were referred to a Maternal and Child Health service Early Days Group.
- 3.21 Further analysis of the files identified that:
- two children were referred to the Queen Elizabeth II Family Centre, indicating issues with sleep or feeding that required more intensive support;
 - six children were referred to the Women, Youth and Children Nutrition Service;
 - three children were referred to the Physiotherapy Drop in Service;
 - one child was referred to the Circle of Security program, which is a program run by the Child and Family Centres; and
 - seven children were referred to a general practitioner for a variety of reasons including hip dysplasia checks and lip/tongue tie checks associated with feeding issues.
- 3.22 The file review indicates that when there was a referral to another Canberra Health Services service, including the Women, Youth and Children Nutrition Service or Physiotherapy Drop in Service, and the Child Development Service, the results of the visits were communicated to the Maternal and Child Health service and put on the client file with the consent of the parent. When Maternal and Child Health nurses referred clients to programs and services outside the Canberra Health Services (for example, to a paediatrician or to the Queen Elizabeth II Family Centre) the result of the referral was not included on the client file unless the parent provided the information during a subsequent Maternal and Child Health visit. The Maternal and Child Health service does not routinely follow-up or seek information on whether external referrals were followed-through. This represents a potential breakdown in communication, through which a vulnerable child and their family may not receive appropriate service and care.

3.23 A review of 26 Maternal and Child Health service files showed that mothers (and their children) received a wide range of services through the initial contact and communication with the Maternal and Child Health service. The average number of occasions of service was ten, with the number of occasions of service ranging between one and 28 across the files reviewed. Five children were referred to other programs and services within the Maternal and Child Health service, including Sleep Groups and Early Days Groups. Eighteen children were referred to a range of other programs and services including the Women, Youth and Children Nutrition Service and general practitioners. When a referral was made to another Canberra Health Services service, including the Women, Youth and Children Nutrition Service or Physiotherapy Drop in Service, and the Child Development Service, the results of the referral were communicated to the Maternal and Child Health service and put on the client file with the consent of the parent. When Maternal and Child Health nurses referred clients to external programs and services (for example, to a paediatrician or to the Queen Elizabeth II Family Centre) the result of the referral was not included on the client file unless the parent provided the information during a subsequent Maternal and Child Health visit. The Maternal and Child Health service does not routinely follow-up or seek information on whether the referral was followed-through. This contributes to a lack of available follow up information for Maternal and Child Health nurses.

RECOMMENDATION 3 ADMINISTRATIVE GUIDANCE

Canberra Health Services should develop administrative and procedural guidance for the Maternal and Child Health service for the referral of children and their families to other programs and services, including:

- a) communication protocols with other programs and services, particularly external agencies; and
- b) guidance for follow-up of referrals, including mechanisms to identify the take up rate of referrals and ongoing service response.

Parenting Enhancement Program and IMPACT Program (Tier 3 services)

- 3.24 There are two Maternal and Child Health service programs that provide more intensive support for vulnerable children and families in the ACT:
- the Parenting Enhancement Program, which is operated by the Maternal and Child Health service; and
 - the Integrated Multi-agencies for Parent and Children Together Program (IMPACT), which is operated by the Maternal and Child Health service, but includes professionals from other business units and services to provide a multi-disciplinary approach to care.

Parenting Enhancement Program

- 3.25 The Parenting Enhancement Program is a sustained home visiting program involving Maternal and Child Health nurses to provide additional support to vulnerable families.
- 3.26 According to the *Canberra Hospital and Health Services Clinical Guideline – Maternal and Child Health Services in the ACT* (2018) the Parenting Enhancement Program ‘provides support to families with infants who are identified as vulnerable and requiring support beyond general MACH services. The PEP aim is to support vulnerable clients in the program to become engaged and supported within the community’. The *Canberra Hospital and Health Services Clinical Guideline – Maternal and Child Health Services in the ACT* (2018) states ‘inclusion in the PEP is based on the presence of criteria or risk factors as per levels of vulnerability framework, clinical observation and client consultation’.
- 3.27 According to the *Division of Women, Youth and Children Community Health Programs – Service Guidelines & Referral Criteria* (2017) families and children may be referred to the Parenting Enhancement Program if the referring professional considers them vulnerable and at risk of presenting with any of the following:
- drug and other addictions;
 - family and domestic violence;
 - identified mental health issues;
 - disability – parent or child;
 - young and/or inexperienced parent/s;
 - limited social support;
 - social issues; and/or
 - culturally and linguistically diverse (CALD).
- 3.28 Referrals to the Parenting Enhancement Program are received via the Community Health Intake for external referrals and via email for internal Maternal and Child Health nurse referrals.
- 3.29 The Maternal and Child Health service provides Parenting Enhancement Program services in the family’s home or a location agreed between the client and the Maternal and Child Health nurse.

Integrated Multi-agencies for Parent and Children Together Program

- 3.30 The Integrated Multi-agencies for Parent and Children Together Program (IMPACT) was established in 2008. It is aimed at:
- ... improving the service system for pregnant women, their partners and their families who have been identified as having a significant mental health issue, and/or are receiving opioid

replacement treatment, whose complex issues and intensive support needs indicate the need for a multi service response.²³

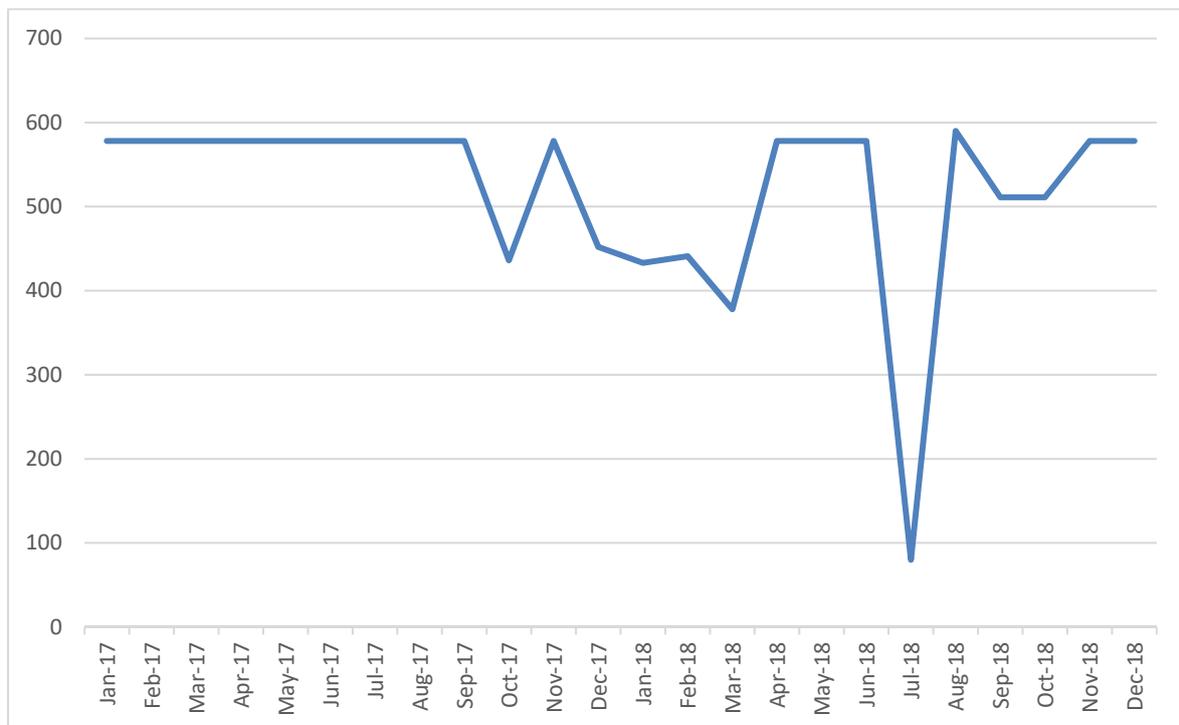
3.31 It is not a stand-alone service but a ‘system wide approach, which facilitates agencies and services to work collaboratively, within a set of agreed principles, to better meet the needs of vulnerable families’. The IMPACT Program is supported by program guidelines, which comprehensively outline principles and practices for the delivery of services including:

- an IMPACT Model, which outlines the roles and functions of different participants and processes;
- the IMPACT Pathway, which outlines processes for the delivery of services to the client, including case management functions and arrangements; and
- strategies for transition and exit planning.

3.32 Referrals to the IMPACT Program are made by email, fax or phone using an IMPACT referral form; consent from the individual/family being referred is required. Families are eligible to remain in the program until their youngest child turns two.

3.33 Figure 3-1 shows the number of occasions of service for the Parenting Enhancement Program and the IMPACT Program.

Figure 3-1 Occasions of service for the Parenting Enhancement Program and the IMPACT Program



Source: Audit Office analysis of ACT Health data

²³ ACT Health, IMPACT Program Guidelines, 2012, p 6.

- 3.34 For the purpose of monthly reporting, the Maternal and Child Health service does not distinguish between occasions of service for the Parenting Enhancement Program and IMPACT Program. This recognises that there is practically little difference between the parenting support services provided through either program. Analysis of the number of occasions of service for the Parenting Enhancement Program and the IMPACT Program shows:
- in 2017 there was a total of 6,668 occasions of service with an average of 556 per month and in 2018 there was a total of 5,834 occasions of service with an average of 485 per month; and
 - there has been a decline in the number of occasions of service over the two year period.
- 3.35 There are two Maternal and Child Health service programs that provide more intensive support for vulnerable children and families in the ACT: the Parenting Enhancement Program, which is operated by the Maternal and Child Health service; and the Integrated Multi-agencies for Parent and Children Together Program (IMPACT), which is operated by the Maternal and Child Health service, but includes professionals from other business units and services to provide a multi-disciplinary approach to care. In 2018 there was a total of 5,834 occasions of service reported for both of these programs (a decrease of 12.5 percent compared to 2017) with an average of 485 occasions of service for each month. The programs are an example of enhanced parenting support provided to vulnerable families and children.

Child and Family Centres

Policy and procedural guidance

- 3.36 The Child and Family Centres have a variety of documents to support its staff in providing services and identifying and responding to potentially vulnerable children and families:
- *Child and Family Centres Case Management Framework (2015);*
 - *Child and Family Centres Orientation Guide (2018);*
 - Child and Family Centre Partnerships documents for each of the centres.
- 3.37 There are also a series of forms that support administration and service delivery including:
- *Child and Family Centres – Intake Form;* and
 - *Consent to Receive Services form;* and
 - *Consent Form – Exchange and Release of Information.*

Child and Family Centres Case Management Framework (2015)

3.38 The *Child and Family Centres Case Management Framework (2015)* identifies the importance of 'case management' in providing comprehensive and tailored services to vulnerable families and children. The Framework notes that a redesign process had occurred in 2014 in relation to the Child and Family Centres and their service offerings and that:

During the consultation and redesign phases, it was determined that Case Management would be '*retained as a core CFC service offer*' and a demonstration of a 'tailored' service offer for more vulnerable and complex families.

3.39 The *Child and Family Centres Case Management Framework (2015)* notes that:

The provision of case management at the CFCs is an example of a tailored service offer – that is a service delivered around the strengths and needs of a child, parent or family and which focuses on their specific goals.

3.40 According to the *Child and Family Centres Case Management Framework (2015)*:

The child is at the centre of the work of Child and Family Centres and all decisions made by CFC workers must be in the best interests of the child. At each stage of the case management process, the child/children's needs must be continuously assessed and prioritised. Where possible, children should participate in all processes that affect them, taking into account their age, cognitive and social development. Whilst the development of case plans and the setting of goals are often completed with parents; the needs, wishes and feelings of children must be clearly identified at Intake and during the initial assessment stage, so that parents can be supported to focus on these needs. It is important to keep in mind and plan interventions or goals which work to increase parental capacity and/or a family's access to resources as these are likely to have a positive flow on effect to children.

3.41 According to the *Child and Family Centres Case Management Framework (2015)*:

It is expected that Child and Family workers will provide interventions to address issues or concerns identified in the family/case plan by drawing on theoretical knowledge and evidence-based practice. Interventions should be trauma and attachment informed, culturally informed, strengths based, inclusive and developed with a thorough understanding of child development. Workers may be required to utilise their skills, knowledge and experience to assist families with issues such as behaviour management, grief and loss, trauma, mental health, domestic violence, drug and alcohol, child development, social isolation, poverty, homelessness and parenting strategies. Some families/individuals are unable to access group programs such as Circle of Security, due to a variety of reasons; therefore workers may also be required to deliver these programs through individual case management sessions.

3.42 The *Child and Family Centres Case Management Framework (2015)* acknowledges:

Effective case management relies on the facilitation of a child or families' access to other services. This may include referrals to CFC parenting programs (such as Circle of Security or Parents as Teachers) or referrals to external services such as Therapy ACT, Nutrition, the Smith Family, Relationships Australia or the Womens' Health Counsellor. Given the co-location of a number of services at the CFCs and the well established partnerships which exist between external programs and CFC workers, families should expect a cohesive and well coordinated response to their needs.

3.43 The *Child and Family Centres Case Management Framework* (2015) identified that a *Child and Family Centres Practice Framework* was to be completed in 2015. The Community Services Directorate advised:

The Children and Families Branch contributed to the development of the Our Practice Standards, Child and Youth Protection Services (November 2017). Over the following 12 months a decision was made to refine the practice standards specifically for the Child and Family Centre context with an early intervention and prevention focus. This will form part of the Branch's [Integrated Management System] policy development work and could take the form of a partner set of practice standards / adjunct document.

Child and Family Centres Orientation Guide (2018)

3.44 The *Child and Family Centres Orientation Guide* (2018) 'is designed to provide new employees at the Child & Family Centres with an orientation to the centre by outlining centre-specific procedures and information'. The Guide acknowledges the principles associated with the *Child and Family Centres Case Management Framework* (2015) and provides further information on clinical pathways. The Guide states:

Intake is the formal entry point for clients accessing individualised intervention. Intake plays an important role in gathering initial client information, identifying client needs and determining eligibility for intervention from the specific programs of the child. From the point of intake, there are five possible clinical pathways that a client's intervention may take, these include:

- Short Contact
- Single Session
- Short Term support
- Medium Term support, and
- Longer Term support.

Typically Short Contact and Single Sessions will occur immediately upon intake.

3.45 The *Child and Family Centres Orientation Guide* (2018) differentiates between Short Contact and Single Session interventions, which are expected to be five to 15 minutes and 15 minutes to two hours respectively, and other supports which are expected to involve multiple sessions over a longer period of time. The Guide notes that the ongoing longer-term supports are to be supported by processes including:

- conducting a needs assessment which 'clearly identifies both the client and worker's perspective on the client's presenting issues and support needs';
- obtaining the client's social history which 'provides valuable information regarding the context for the client's presenting issue/s'; and
- developing and implementing a Client Care Plan, the purpose of which 'is for the client and worker to collaboratively prioritise the client's needs and strategies for addressing these needs'.

3.46 The *Child and Family Centres Orientation Guide* (2018) provides further information on each of these processes, as well as other associated administrative and supporting processes.

Child and Family Centre Partnerships documents

3.47 For each of the Child and Family Centres a Child and Family Centre Partnerships document has been produced. The document outlines the local 'partnerships' and linkages in place for each of the Centres in Tuggeranong, West Belconnen and Gungahlin.

3.48 The Child and Family Centre Partnerships document briefly documents:

- government and non-government partners, e.g. the Maternal and Child Health service; and
- (in some instances) information on the frequency of services offered by the 'partners'.

3.49 In its response to the draft proposed report the Community Services Directorate advised 'it is important to note that services and times programs are offered ([Maternal and Child Health] and other providers) can vary according to staffing, community need etc. Provision of a compendium would only be relevant on a term-by-term basis'.

3.50 Similar to earlier comments about the Maternal and Child Health service, there is little practical administrative guidance for Maternal and Child nurses for referrals to other programs and services including:

- communication protocols with other programs and services, particularly external agencies; and
- procedures for follow-up of referrals, including procedures to identify whether and how a client had actually attended the other program or service, and actions to be taken if the client did not.

3.51 In its response to the draft proposed report, the Community Services Directorate advised that guidance to staff is also provided through other mechanisms including 'practical on the job on-boarding, mentoring and on-going support mechanisms'. In this respect:

All [Child and Family Centre] staff access regularly scheduled supervision, team meetings and reflective practice sessions. Professional development and training opportunities predominantly focus on trauma-informed practice and the delivery of tailored supports and interventions for families, that are culturally safe and inclusive.

3.52 In its response to the draft proposed report the Community Services Directorate advised 'families are involved with [Child and Family Centres] on a voluntary basis and there is no statutory requirement for families to attend other programs or services' and '[Child and Family Centres] respect the rights of families, who engage ... on a voluntary basis, to withdraw from the process at any time'.

Integrated Management System

3.53 In November 2018 the Children and Families Branch in the Community Services Directorate commenced a project to develop an *Integrated Management System* for the Child Development Service and the Child and Family Centres. The project intends to:

- establish a Branch *Integrated Management System* a business as usual continuous improvement process;
- establish clear governance processes for the *Integrated Management System*;
- establish an electronic portal as a source of policy, procedure and related resources for Child Development Service and Child and Family Centre staff; and
- complete a set of policies, procedures and related resources for the operational modules of the *Integrated Management System* and to have these approved through appropriate governance mechanisms.

3.54 The project is in progress. As at May 2019 the Community Services Directorate advised that governance arrangements for the project have been developed:

- an *Integrated Management System* Change Control Committee has been established and met on 29 March 2019. Its role is to approve content that involves major changes to established policies and procedures; and
- two sub committees have been planned, one comprising Child and Family Centre managers and the other comprising the Child Development Service Management Group. The sub committees' role is to approve content involving changes specific to their area that do not impact on policy positions or service commitments.

3.55 The Community Services Directorate advised that there are currently four modules of work being progressed: Intake; Individual Client Work; Group Work; and Community Development.

3.56 In its response to the draft proposed report the Community Services Directorate advised:

The Children and Families Branch [Integrated Management System] project has commenced and is overseen by the Children, Youth and Families Business Improvement Executive. Policy work is underway through several modules.

The practice guides will cover the following modules: *Intake, Individual Intervention; Group Intervention; and Community Development*. This work will include an updated case management and supervision framework as well as the refinement practice standards/guides as outlined above.

3.57 In its response to the draft proposed report the Community Services Directorate also advised:

It is important to note that whilst there may be limited 'written' administrative guidance about referral process there is not a lack of 'guidance'. Staff have regular supervision, engage regularly with the [Maternal and Child Health service] nurses and [Child Development Service] staff, particularly in relation to the intake service and are very clear about the process for referral.

Staff participate in regularly scheduled supervision sessions; team meetings; and reflective practice sessions that are for a to discuss, refine and suggest new referral pathways (as appropriate).

What works well is the often informal and differentiated response that occurs that cannot be described in a generic procedure. This differentiated response also recognises families right to

self-determine how a referral occurs; with whom their information is shared with; and within what parameters.

Knowledge sharing and collegiate and collaborative relationships that have been built over time to ensure families receive warm and appropriate support at the right time ... provide guidance as they provide live responses that [are] tailored to individual's needs.

3.58 The Community Services Directorate has developed policy and procedural guidance documents for staff that provide information on the model of care and clinical practices to be followed for services to children and families. Collectively the documents provide clinical guidance to Child and Family Centre staff to provide escalating support to children and families, including those that are potentially vulnerable. There is, however, little practical administrative guidance for Child and Family Centre staff with respect to processes for referrals to other programs and services, including:

- communication protocols with other programs and services, particularly external agencies; and
- procedures for follow-up of referrals, including procedures to identify whether and how a client had actually attended the other program or service, and actions to be taken if the client did not.

3.59 The Community Services Directorate has commenced a project to develop an *Integrated Management System* for the Child Development Service and the Child and Family Centres. A key deliverable associated with the *Integrated Management System* is expected to be a complete set of policies, procedures and related resources, available for use and reference of Child and Family Centre and Child Development Service staff through an 'electronic portal'.

RECOMMENDATION 4 ADMINISTRATIVE GUIDANCE

As part of its development of an Integrated Management System for the Child Development Service and the Child and Family Centres, the Community Services Directorate should develop administrative and procedural guidance for the referral of children and their families to other programs and services, including:

- a) communication protocols with other programs and services, particularly external agencies; and
- b) guidance for follow-up of referrals, including mechanisms to identify the take up rate of referrals and ongoing service response.

Intake and assessment processes

3.60 The Community Services Directorate has developed and implemented a series of forms that support intake and assessment processes for the Child and Family Centres including:

- *Child and Family Centres – Intake Form*; and
- *Consent to Receive Services* form; and

- *Consent Form – Exchange and Release of Information.*

3.61 The *Child and Family Centres – Intake Form* seeks information about the client’s current situation and presenting issues (noting the client may be the parent, the child or both). The Intake Form is also used to identify which services are already involved with the client and, where applicable, details of the referring agency. Intake processes include an interview with the parent to identify concerns and appropriate services to address the family’s and child’s needs.

3.62 All services provided by the Child and Family Centres are voluntary and require the parent to provide written consent to receive the service. Referrals to and from the Child and Family Centres and other services are also voluntary, requiring parental consent to share information regarding the family with other services.²⁴

3.63 A review of 62 Child and Family Centre files identified a *Child and Family Centres – Intake Form* had been collected and documented for 57 of the files. In five of the 62 files (8 per cent), there was no evidence on the paper file of the completion of an intake form:

- for two files, the family had been referred to the Centre by the Child and Youth Protection Service (one had also been transferred from another Centre) and there was evidence of exchange of information and considerable support being provided to the families;
- for one file a ‘warm’ referral appears to have been made;
- for one file it was evident that the family had had a previous involvement with the Centre; and
- for one file the children were removed from the care of the parent and services did not proceed.

Child and Family Centres – file review analysis

3.64 Sixty-two Child and Family Centre files were selected for further examination to identify processes for the intake and referral of families and children. A review of the files show that while the Centres provide a range of services to support families, and there is a high level of self-referral to the Child and Family Centres, in many instances the Centres are engaging to help support families and children who are immediately and readily identified as vulnerable:

- for seven files (11 per cent) the Child and Family Centre became involved with the family before the birth of a child. Typically, this was because the unborn child had been identified prenatally as being at high risk (for example, because of mental health, substance abuse or domestic violence concerns) and had been referred to the Centres either by the hospital or by the Child and Youth Protection Service;

²⁴ Consent forms in Child and Family Centres have an end date (usually one year after the consent form is signed).

- for 26 of the files (42 percent) there was evidence of Child and Youth Protection Service involvement;
- for eight files (13 percent) there was evidence of involvement or participation in the IMPACT Program.

3.65 Table 3-1 shows the incidence of other programs and services that were involved with the families and children receiving services through the Child and Family Centre.

Table 3-1 Incidence of other programs and services for Child and Family Centre clients (file review)

Programs and services	Gungahlin	Tuggeranong	West Belconnen	Total	Percentage of total
Child and Youth Protection Service	3	14	9	26	41.9
IMPACT Program	0	5	3	8	12.9
Child Development Service	1	7	5	13	21.0
Circle of Security course	13	5	9	27	43.5
Maternal and Child Health service (PEP)	9	10	5	24	38.7
Parents as Teachers (PAT)	10	16	13	39	62.9

Source: ACT Audit Office analysis of file review data.

Parents as Teachers Program

3.66 The file review identified a number of cases (62.9 per cent) where the Child and Family Centre supported the families through the Parents as Teachers Program. The Parents as Teachers Program is:

A monthly home visit program to help parents recognise everyday learning opportunities in their children's lives. During visits, trained parent educators provide parents with practical information and guidance to help their child develop skills essential for later learning.

Emphasis is placed on developing children's thinking and curiosity, language, motor and social skills. Support can start later in the prenatal period and may continue until a child reaches 3 years of age.

3.67 For those clients undertaking the Parents as Teachers Program the regular home visits sought to enable case workers (parent educators) to observe how parents interacted with their children at home and provide constructive advice on how best to provide parental support to the children. Where possible, a single case worker remained with the family for the duration of the support that they received. The files showed that families were actively followed up where an appointment was missed to support continued engagement with the program.

3.68 It was evident from the files, which included records of visits and emails with families, that through the regular interactions a level of trust is developed between the case worker and the family. The focus on the child and their development, rather than the parent, helps families engage with the case worker without feeling that their parenting is being judged. This helped families to continue their involvement in the program.

Referrals to other programs and services

3.69 As part of the review of 62 Child and Family Centre files, the Audit Office identified services to which Child and Family Centres referred clients. Table 3-2 shows other programs and services to which the Child and Family Centres referred clients.

Table 3-2 Referrals from Child and Family Centres (file review)

Service	Gungahlin	Tuggeranong	West Belconnen	Total	Percentage of total
Maternal and Child Health service	1	1	0	2	4
New Parents Group (Maternal and Child Health service)	1	0	0	1	2
Child Development Service	1	2	1	4	8
Canberra College Cares	1	4	1	6	12
OneLink/HousingACT	2	2	1	5	10
Queen Elizabeth II Family Centre	2	0	0	2	4
Community support organisations	6	9	10	25	50
Marymead courses or groups	3	1	0	4	8
Winnunga Nimmitiyah Aboriginal Health Service	1	0	0	1	2
Total	18	19	13	50	100

Source: ACT Audit Office analysis of file review data.

Note: Community support organisations include, for example, Belconnen Community Service, Relationships Australia and Migrant and Refugee Settlement Services

3.70 Analysis of 62 Child and Family Centre files shows in 50 files there was evidence of the client being referred to another program or service, including:

- for six files, referrals to the Maternal and Child Health service for parenting support or attendance at the New Parents Group;
- for eight files, referrals to the Child Development Service;
- for ten files, referrals to Housing ACT through Onelink; and
- for 25 files, there was evidence of referral to community organisations for a range of diverse reasons and activities, including the Belconnen Community Service, Relationships Australia and Migrant and Refugee Settlement Services.

3.71 In response to the draft proposed report, and in relation to referrals to other programs and services from the Child and Family Centres, the Community Services Directorate advised:

If we are staying involved with a family on an ongoing basis, we would as a matter of practice, check in with the family, given we would have consent to do this. This is consistent with the [Child and Family Centres] being a service provider. If, however, the family has been referred on and we no longer have any involvement it is less likely that we would follow up with a phone call. This approach recognises a family's right to choose whether to engage with us or with other services. In working with families, we identify the issues families would like to address/ work on and as we are a non-statutory service (voluntary) we would not be involved in people's lives if they decided that their involvement with us was over.

...

There is a process in place for Child and Family Workers to complete necessary referral documents (with the client's consent) and send onto another agency. Where possible it is best practice for our staff to take the client along to meet with the other agency and act as advocate and support person. This is particularly helpful for those clients with anxiety issues and significant trauma in their past. The Child and Family Centre Workers staff have a thorough knowledge of relevant agencies to whom they can refer families to for further assistance.

Should the clients however be on a waitlist at the other agency we will not always be able to do the warm referral and can only complete the necessary documentation. Once paperwork is forwarded, the referral service will send through a confirmation of receipt of referral and then contact the client to schedule appointments/ supports.

3.72 A review of 62 Child and Family Centre files showed that a number of families and their children were referred to a wide range of programs and services following attendance at the Child and Family Centre. These included programs and services offered by other ACT Government services, including the Maternal and Child Health service and Child Development Service, and programs or services offered through other community organisations and groups. The referrals demonstrate that the Child and Family Centres are linking clients, including potentially vulnerable families and children, with a range of services suitable and appropriate to their needs.

Child Development Service

Policy and procedural guidance

3.73 The Child Development Service has a policy on *Responding to Families with Complex Needs*. While the policy is identified as a draft, the Community Services Directorate advised in March 2019 that:

This was first drafted in August 2016, and was reviewed in March 2018.

The policy itself is in draft, it is however in use, and was written to try and document/formalise what was already agreed practice.

In this sense it's an internal working document that acknowledges the [Community Development Service] focus to engage priority families, including through outreach approaches.

3.74 The draft *Responding to Families with Complex Needs* policy states:

... Through the employment of comprehensive assessment, Child Development Service social workers and therapists have the ability to recognise and respond to indicators of vulnerability in families.

This is ensured by:

Staff receiving training to enhance work with families with complex needs

Prioritising early intervention for children of families identified as experiencing vulnerability in order that they can be supported in a timely manner

Providing services that are both flexible and appropriate to families' needs

Linking families to the therapeutic and other community supports when relevant, in order that they can achieve better educational and developmental outcomes for their children

Working collaboratively with other service providers such as the Child and Family Centres, ACT Health, National Disability Insurance Scheme, non-government providers, education and childcare settings

Developing and implementing data collecting procedures that can evaluate effectiveness of the Child Development Service outcomes.

3.75 The Child Development Service advised the Audit Office that, once an initial appointment is made, if a client does not attend they follow up with the parent to rebook the appointment. The Service makes three attempts to rebook an appointment; after the third attempt the Child Development Service closes the file and does not make further contact.

3.76 If a family does not attend the Child Development Service following referral the Service notifies the referrer that the family did not attend and that the Service is closing the case. This provides an opportunity for the referring service to follow up with the family. However, if the initial appointment was made by the parent, no further attempts to engage with the family are made.

Intake and assessment process

3.77 The Child Development Service uses a *Client Referral and New Issue Form* at intake. Along with general client information, the form is used to identify other agencies involved, the reason for attending the Child Development Service and the details of the person referring the child if it is not the parent.

3.78 A review of ten Child Development Service files identified that a *Client Referral and New Issue Form* had been collected and documented on all files.

Child Development Service – file review analysis

3.79 In the ten Child Development Service cases examined:

- referrals were made to Child Development Service programs, such as the 'Little People, Big Feelings' parent workshop; and
- advice was provided to parents on other available support services, including the Child and Family Centres, National Disability Insurance Scheme EACH and playgroups.

3.80 The Child Development Service advised the Audit Office that it does not have capacity to monitor whether a family actions a recommended referral; this is left to the families. However, in response to the draft proposed report, and in relation to referrals to other programs and services from the Child Development Service, the Community Services Directorate advised:

For [the Child Development Service] a ‘warm referral’ refers to a referral that is facilitated in some way by [Child Development Service] staff. This is often by phone e.g. a social worker sits with the family and together they make a phone call to the external agency to discuss the families concerns and support needs. It may also be face-to- face support, whereby the staff member assists in making an appointment with an external agency and then attends an initial meeting to act as a support to the client and assist with ‘handover’ of information to the receiving service.

This type of warm referral is put in place where a family is identified as having initial vulnerabilities and there are concerns regarding their ability to navigate or follow through on referrals independently. This is a relatively small number of families for [the Child Development Service] (compared to the work of [the Child and Family Centres]).

3.81 The Child Development Service does not have policies or procedures to guide staff when referring vulnerable children to other services. Without documented policy and procedural guidance the onus is on staff to be aware of other appropriate services for vulnerable children and their families. As discussed in paragraphs 3.53 to 3.58, the Community Services Directorate is progressing the development and implementation of a comprehensive Integrated Management System, which is expected to provide comprehensive policy and procedural guidance for Child and Family Centre and Child Development Service staff. The implementation of Recommendation 5 is expected to assist the Child Development Service in developing administrative policies and procedures for the referral of vulnerable children and their families.

Memorandum of Understanding

3.82 There is a Memorandum of Understanding between the Community Services Directorate and former Health Directorate to support the commitment and aims of the Child and Family Centres. The Memorandum of Understanding acknowledges that the Centres are a system that:

- ‘positively influence the developmental pathway and life trajectory of children’;
- ‘builds capacity and resilience of families to support children’; and
- ‘strengthens the linkages and connections of families to supportive communities’.

3.83 According to the Memorandum of Understanding the Community Services Directorate and former Health Directorate acknowledge that, in order to achieve this, Child and Family Centres aim to:

- partner with other agencies and community organisations working with vulnerable children and families to target areas of need and coordinate responses using combined skills and resources;

- work with whole families, listening and understanding, providing comprehensive psycho-social assessments, and by offering information, guidance and advice;
- connect families with appropriate services;
- deliver a tailored and flexible package of services that builds parental capacity;
- target identified community needs and build capability in communities and partners;
- engage families and children with a locally based, non-judgemental service open to anyone seeking assistance or advice.

3.84 Key features of the Memorandum of Understanding include recognition and acknowledgement of the following:

ACT Health service delivery needs will be considered alongside the operational need for service provision of CFC clinical services and other service delivery partners. MACH will be considered a priority service in the CFCs.

...

The parties agree that there are many situations where clients will benefit from ACT Health and CFC employees sharing client information. In recognition of the impact of a history of trauma, on client capacity to trust professionals, client information will be shared after gaining written consent from the client, or their parent/carer. The parties will follow their respective policy and procedures for the sharing of information.

The parties agree, in principle, to the sharing of de-identified data for the purpose of service planning and evaluation. This will ensure the CFC's service aims, to move towards a truly collaborative and integrated response to community need, is realised. It is acknowledged that the sharing of data by Health will need to occur in accordance with the *Health Records (Privacy and Access) Act 1977* and be endorsed for release by a higher authority than the Health Representative.

3.85 The Memorandum of Understanding also provides detailed information and guidance on administrative and operational matters associated with the co-location of the services.

3.86 In relation to the management of the relationship between the Community Services Directorate and Canberra Health Services (formerly the ACT Health Directorate), the Memorandum of Understanding states:

Working collaboratively requires commitment at different levels within the two Directorates.

In recognition of the constancy of MACH in CFCs, there will be quarterly reviews between the relevant CFC Manager and the local MACH Clinical Nurse Manager. The goal of the regular review meetings is to ensure that collaboration ... is embedded.

3.87 The Memorandum of Understanding also provides for key senior executives of Canberra Health Services and the Community Services Directorate (known as Representatives) to meet for the purpose of strategically planning for service delivery at the Child and Family Centres:

The Representatives will meet twice a year (and on an as needs basis) to strategically consider opportunities to strengthen collaborative work in the CFCs, including the expansion of, or changes to, service delivery.

3.88 Canberra Health Services and the Community Services Directorate advised that the senior executives have not formally met on a six monthly basis as required by the Memorandum of Understanding, nor are the outcomes of any quarterly reviews documented and provided to the senior executives as a matter of course. The Maternal and Child Health service and Community Services Directorate advised that, notwithstanding the absence of formalised management processes envisaged in the Memorandum of Understanding, regular informal communication has occurred at appropriate levels. While this is acknowledged, in the absence of regular, formalised monitoring and review processes the ability of the agencies to demonstrate coordination of services at the Child and Family Centres, and strategically plan to improve service delivery is diminished. The Audit Office was advised in May 2019 that six-monthly meetings dedicated to the Memorandum of Understanding and its implementation have now been scheduled. The Community Services Directorate also advised that 'the current MOU is due for review by September 2019 which will provide opportunity to strategically consider opportunities to strengthen collaborative work in the CFCs, including the expansion of, or changes to, service delivery'.

3.89 In its response to the draft proposed report the Community Services Directorate advised:

The scheduling of regular meetings was included in the [Memorandum of Understanding] as a guide to provide a mechanism to raise issues on a regular basis.

What has occurred in practice is the responsible Senior Executive (Community Services and Canberra Health Services) continue to liaise on a regular basis, through meetings, email and telephone communications. This has alleviated the need for formal meetings and meant that any issues (e.g. request for additional clinic space) can be raised and addressed in a timely way.

At a local level Centre Managers have regular catch ups with the Managers of [Maternal and Child Health service], Women's Health, Centenary Hospital midwives and Calvary midwives.

These important conversations are often by phone/email to ensure that issues are addressed as soon as issues arise. Given the operational nature of our service it is preferable that this approach occur rather than waiting for a quarterly catch up.

The meetings are informal, correspondence on issues arising and responses and actions are documented through e-mails and have resulted in responsive and collegiate approaches to how we work with our valued partners across the Centre. We can deliver better outcomes when we work more dynamically and respond to local needs.

3.90 In September 2017 a Memorandum of Understanding was agreed between the Community Services Directorate and former Health Directorate to support the commitment and aims of the Child and Family Centres. The Memorandum of Understanding provides a framework of principles for the delivery of services through the Child and Family Centres, as well as detailed information and guidance on administrative and operational matters associated with the co-location of the services. The development and implementation of the Memorandum of Understanding is a useful mechanism to improve administrative effectiveness and service delivery between the agencies. The Memorandum of Understanding provides for key senior executives from the two agencies to meet every six months for the purpose of strategically planning for service delivery at the Child and Family Centres and for quarterly reviews of the arrangement between the relevant Child and Family Centre Manager and the local Maternal and Child Health service Clinical Nurse Manager. The key senior executives from the two agencies have not formally met as required by the Memorandum of Understanding, nor is there visibility at an organisational level of any quarterly meetings that were to occur at a local level. The Audit Office was advised in May 2019 that six-monthly meetings dedicated to the Memorandum of Understanding and its implementation have now been scheduled.

4 MONITORING AND REPORTING

- 4.1 This chapter discusses governance and administrative arrangements that are in place to monitor and report on the delivery of universal early family support services to vulnerable children and families and processes for the referral of vulnerable children and families to other programs and services.

Summary

Conclusion

There is an opportunity to improve public reporting and accountability for the delivery of services to vulnerable children and their families. Neither Canberra Health Services or the Community Services Directorate has Strategic Indicators or Accountability Indicators that provide meaningful information on the effectiveness of programs and services to vulnerable children and their families. A cross-agency performance and accountability framework, which was identified as a key activity associated with the *Human Services Blueprint* (2014) was intended to 'promote shared responsibility and accountability across the system for joined up responses, whilst ensuring ongoing and simultaneous improvements'. This has not been progressed as envisaged and there has been no framework for planning and accountability across ACT Government agencies for the delivery of services to vulnerable children and their families (although a draft framework is expected to be prepared by June 2019).

Key findings

	Paragraph
The Community Services Directorate has one Strategic Indicator and five Accountability Indicators of relevance to early support services for vulnerable children and families. The Strategic Indicator and Accountability Indicators are primarily activity-based; they provide information on the number of occasions of service that were provided, but do not provide information on the effectiveness of those services as measured by outcomes for children and their families, particularly those that are vulnerable. Publicly reported indicators that demonstrate effectiveness as well as activity would provide better accountability for an important component of the Community Services Directorate's delivery of early support services for vulnerable children and their families.	4.5
Canberra Health Services does not have Strategic Indicators or Accountability Indicators of relevance to the effectiveness of services and initiatives of Canberra Health Services for children and their families, including those that may be identified as vulnerable. Publicly reported indicators that demonstrate effectiveness would provide better accountability for an important component of the Canberra Health Services' service delivery.	4.10

The *ACT Aboriginal and Torres Strait Islander Agreement 2019-2028* (February 2019) includes a series of Action Plans developed around core and significant focus areas, one of which is *Children and Young People*. Associated with the outcome of 'Aboriginal and Torres Strait Islander children and young people growing up safely in their families and communities' are a series of targets, some of which are directly relevant to early support services offered by ACT Government agencies. These are a useful development in providing public accountability and reporting on ACT Government agencies' services to Aboriginal and Torres Strait Islander children, some of whom may be identified as vulnerable. 4.14

In support of its *Community Services Directorate Business Plan 2017-18* the Community Services Directorate developed a series of Business Plan Outcomes and Indicators, which sought to provide information on early family support services provided through the Child and Family Centres and Child Development Service. This represented an attempt to provide more useful information on Child and Family Centre and Child Development Service programs and services to vulnerable families and children. The practice has been discontinued in 2018-19, but the Community Services Directorate advised that following the release of the *Empowering People: CSD Strategic Plan 2018-2028*, a Strategic Plan Integrated Planning Framework (for reporting outcomes) was in the process of being developed, including revised divisional plans. The Framework is intended to combine the directorate's strategic, organisational and division level planning to achieve the seven core outcomes of the Strategic Plan. If the Strategic Plan Integrated Planning Framework is implemented effectively, and useful and relevant Outcomes and Indicators are developed, it is expected to improve ongoing monitoring and reporting of programs and services to vulnerable children and their families. 4.21

Monthly reports on the activities of the Child and Family Centres and Child Development Service are prepared. The reports follow a consistent format, and provide information on a range of operational matters including case loads, numbers of group programs and a range of administrative matters including staffing movements and corporate governance arrangements. The monthly reports are primarily activity-based; they provide quantitative information on programs and services and sessions, but very little qualitative information on the effectiveness of service delivery for clients. The Community Services Directorate advised that the purpose of the reports is 'to provide an information snapshot and for discussions with managers' and 'the reports are a snapshot/at a glance reporting tool and not intended to be a comprehensive evaluation of the service outcomes. The monthly reports do not provide, on a regular and ongoing basis, information on the linkages between the Child and Family Centres and Child Development Service and other programs and services, including: 4.30

- sources of referrals to the services;
- other programs and services to which clients have been referred; and
- any outcomes that have been achieved for clients, including vulnerable children and families.

The Maternal and Child Health service prepares monthly reports on its programs and services including occasions of service for: Maternal and Child Health clinics; 4.38

immunisation clinics; outreach clinics (including attendance at Canberra College Cares); New Parent Groups, Sleep Groups and Early Days Groups; and Parenting Enhancement Program / IMPACT Program services. The monthly reports report separately on occasions of service provided by the different Maternal and Child Health service teams across the ACT and also provide information on waiting times and the number of non-attendances at key Maternal and Child service activities. The reports are informative and are used to inform program management and service delivery, but provide little information on the effectiveness of service delivery for clients.

The *Human Services Blueprint* (2014) identified an intention to develop a *Human Services Blueprint Accountability Framework* 'as a key accountability measure to support improved outcomes and ongoing improvement'. It noted that it would 'be essential in monitoring what we do differently and better, and how we know this effort has made a difference to Canberrans'. It was envisaged that the *Human Services Blueprint Accountability Framework* would 'promote shared responsibility and accountability across the system for joined up responses, whilst ensuring ongoing and simultaneous improvements'. The *Human Services Blueprint Accountability Framework* was not implemented as expected and there is currently no framework for planning and accountability across ACT Government agencies for the delivery of services to vulnerable families and children. 4.68

Between 2015 and 2018 an *Early Intervention by Design* project was progressed through the Human Services Cluster. In July 2018 an *Early Investment for the ACT: Directions from stakeholders* report was produced by a consultant for the purpose of the project. The report identified a series of actions and initiatives, which were intended to be implemented under five 'core domains'. The first key action to be undertaken was 'further development of an agreed **outcomes** framework to guide coherent action across the sectors'. The implementation of a performance and accountability framework across directorates, as initially envisaged in the *Human Services Blueprint* (2014), would assist in monitoring and reporting on cross-agency service delivery to vulnerable children and families. The development and implementation of such a framework should be implemented as a priority to guide directorate-specific and cross-agency policy development and program management and decision-making. The Community Services Directorate advised that it intends to complete a draft outcomes framework by 1 July 2019, which is to be 'further tested with the community and rolled out across services'. The Community Services Directorate has since progressed the *Early Intervention by Design* project as the *Early Support: Changing Systems, Changing Lives* initiative (the Initiative) and has developed a ten-year roadmap (to 2028-29) for a series of reforms across the human services system. 4.69

Monitoring and reporting of services for vulnerable children and families

Community Services Directorate public reporting

Strategic and Accountability Indicators

4.2 The Community Services Directorate's Strategic Objective and Strategic Indicator of relevance to vulnerable children and families is shown in Table 4-1.

Table 4-1 Community Services Directorate Strategic Objective and Strategic Indicator of relevance to services for vulnerable families and children

Strategic Objective 2	Strategic Indicator 2	2017-18 Result
Improve outcomes for children and families through the provision of coordinated locally based services	Number of occasions of service to Child and Family Centre clients	9,683

Source: Community Services Directorate Annual Report 2017-18.

4.3 Community Services Directorate Accountability Indicators of some relevance to early support services for vulnerable children and families are shown in Table 4-2.

Table 4-2 Community Services Directorate Accountability Indicators of relevance to services for vulnerable families and children

Accountability Indicators	2017-18 Target	2017-18 Result
Output 2.1: Early Intervention Services		
Early intervention and prevention services are provided through a universal platform with targeted services for vulnerable families. Services provided include parenting information available on-line and through parenting tip sheets, sustained home visiting, parenting advice and support services, specialist clinical services, community development and community education. Services are delivered by community organisations or in partnership with other agencies, local community organisations and service providers.		
Number of Community Development/Education Programs	325	405
Number of Parenting Assistance Sessions	1 250	964
Client satisfaction with services	90%	96%
Output 2.2: Child Development Services		
The Child Development Service has a focus on early identification and early intervention and provides assessment, referral, information and linkages for children 0-6 years living in the ACT, where there are concerns relating to their development. Children 7-8 years with complex needs who have not had a previous assessment by allied health professionals can access the service. Autism assessments are provided for children up to 12 years.		
Hours of service provided to clients of the Child Development Services	21 125	19,864

Source: Community Services Directorate Annual Report 2017-18.

Note: Output Class 3 and Output 3.1: Child and Youth Protection Services includes other Accountability Indicators of specific relevance to child and youth protection activities in the ACT.

- 4.4 The Community Services Directorate has one Strategic Indicator and five Accountability Indicators of relevance to early support services to vulnerable children and families. The Strategic Indicator focuses on the 'number of occasions of services' provided by Child and Family Centres and four of the five Accountability Indicators are similarly activity-based and focused on occasions or hours of service. The other Accountability Indicator provides a measure of effectiveness albeit in a limited way through '(c)lient satisfaction with services'. The Strategic Indicator and Accountability Indicators do not provide a meaningful measure of the effectiveness of services and initiatives of the Community Services Directorate for children and their families, including those that may be identified as vulnerable. The Community Services Directorate's *Output 3.1: Child and Youth Protection Services* also includes other Accountability Indicators of relevance to vulnerable children and their families, but these are specifically focused on child and youth protection activities in the ACT.
- 4.5 The Community Services Directorate has one Strategic Indicator and five Accountability Indicators of relevance to early support services for vulnerable children and families. The Strategic Indicator and Accountability Indicators are primarily activity-based; they provide information on the number of occasions of service that were provided, but do not provide information on the effectiveness of those services as measured by outcomes for children and their families, particularly those that are vulnerable. Publicly reported indicators that demonstrate effectiveness as well as activity would provide better accountability for an important component of the Community Services Directorate's delivery of early support services for vulnerable children and their families.

Health Directorate public reporting

- 4.6 At the time of reporting the Maternal and Child Health Service is part of Canberra Health Services. However, public reporting by the Maternal and Child Health Service available to this date is through ACT Health Directorate's *2017-18 Annual Report*.
- 4.7 There are no Strategic Objectives or Strategic Indicators of specific relevance to early support services for vulnerable children and families for Canberra Health Services (formerly the ACT Health Directorate).
- 4.8 Of tangential relevance is Strategic Objective 11 (Addressing Gaps in Aboriginal and Torres Strait Islander Immunisation Status) and Strategic Indicator 11 (Immunisation Rates – ACT Aboriginal and Torres Strait Islander Population). Table 4-3 shows Strategic Indicator 11 as reported in the Health Directorate's *2017-18 Annual Report*.

Table 4-3 ACT Health Directorate Strategic Indicator 11: Immunisation Rates – ACT Aboriginal and Torres Strait Islander Population

Immunisation rates for vaccines in the national schedule for the ACT Indigenous population	2017-18 target %	2017-18 result %
12 to 15 months	≥ 95	92.99
24 to 27 months	≥ 95	94.12
60 to 63 months	≥ 95	97.16
All	≥ 95	94.70

Source: Health Directorate *2017-18 Annual Report*

Note: The very low numbers of Aboriginal and Torres Strait Islander children in the ACT means that the ACT Aboriginal and Torres Strait Islander coverage data should be read with caution. This small population can cause rate fluctuations.

4.9 There are no Accountability Indicators of specific relevance to vulnerable children and families for Canberra Health Services (formerly the ACT Health Directorate). An Accountability Indicator associated with immunisation, and of some relevance, is reported under Output Class 1: Health and Community Care, Output 1.3: Population Health. The Health Directorate's *2017-18 Annual Report* reported:

Immunisation coverage for the primary immunisation schedule measured at 1 year of age, in accordance with the Australian Childhood Immunisation Register – 95 percent (target: ≥ 95 percent).²⁵

4.10 Canberra Health Services does not have Strategic Indicators or Accountability Indicators of relevance to the effectiveness of services and initiatives of Canberra Health Services for children and their families, including those that may be identified as vulnerable. Publicly reported indicators that demonstrate effectiveness would provide better accountability for an important component of the Canberra Health Services' service delivery.

Aboriginal and Torres Strait Islander Agreement

4.11 In February 2019 the *ACT Aboriginal and Torres Strait Islander Agreement 2019-2028* was agreed:

The Agreement sets the long term (10 year) direction in Aboriginal and Torres Strait Islander Affairs in the ACT and obligates the signatories to work together to enable equitable outcomes for Aboriginal and Torres Strait Islander peoples in the ACT.

4.12 The *ACT Aboriginal and Torres Strait Islander Agreement 2019-2028* identifies a series of Action Plans developed around core and significant focus areas, one of which is *Children and Young People*. The *Children and Young People* Action Plan identified an outcome 'Aboriginal and Torres Strait Islander children and young people growing up safely in their families and communities' and identifies that the outcome is to be achieved by focusing on:

Taking every opportunity to maintain children and young people with family.

Delivering quality services that support the positive development, health and wellbeing of children and young people.

²⁵ Health Directorate *Annual Report 2017-18*, p 83.

Every child and young person having access to quality early childhood services to support learning.

Fostering connection to a safe and strong community.

- 4.13 The *ACT Aboriginal and Torres Strait Islander Agreement 2019-2028* identifies a series of targets to achieve the outcome, some of which are:

Increase the proportion of Aboriginal and Torres Strait Islander children assessed as developmentally on track in all five domains of the Australian Early Development Census to 45 percent by 2028.

95 percent of all Aboriginal and Torres Strait Islander four year olds enrolled in early childhood education by 2025.

Increase the level of early support responses for Aboriginal and Torres Strait Islander children and their families.

Increase the number of Aboriginal and Torres Strait Islander children under four years old accessing Early Childhood Education Services.

Increase the number of families engaged with formal parenting and family support services for detainees and post release.

- 4.14 The *ACT Aboriginal and Torres Strait Islander Agreement 2019-2028* (February 2019) includes a series of Action Plans developed around core and significant focus areas, one of which is *Children and Young People*. Associated with the outcome of 'Aboriginal and Torres Strait Islander children and young people growing up safely in their families and communities' are a series of targets, some of which are directly relevant to early support services offered by ACT Government agencies. These are a useful development in providing public accountability and reporting on ACT Government agencies' services to Aboriginal and Torres Strait Islander children, some of whom may be identified as vulnerable.

Community Services Directorate internal monitoring and reporting

- 4.15 Internal monitoring and reporting on universal early family support services for vulnerable children and their families by the Community Services Directorate has occurred through:
- quarterly reporting against the *Community Services Directorate Business Plan 2017-18*; and
 - internal monthly reporting on the activities of the Child and Family Centres and Child Development Service to the Director, Children and Families, Children, Youth and Families.

2017-18 Business Plan reporting

- 4.16 The *Community Services Directorate Business Plan 2017-18* identified the Directorate's Vision and Core Principles, and the Strategic Priorities and Initiatives that support them. The Business Plan also identified a series of detailed Outcomes and supporting Indicators, which provide more detailed information on specific programs and services.

4.17 The Community Services Directorate initially implemented reporting against Business Plan Outcomes and Indicators in 2017-18. Outcomes and Indicators of specific relevance to services and initiatives for vulnerable children and families are shown in Table 4-4.

Table 4-4 *Community Services Directorate Business Plan 2017-18 - Outcomes and Indicators of specific relevance to early intervention and prevention services for vulnerable families and children*

Outcome	Indicator
Our services intervene early to prevent poor life outcomes	Number of children aged 0-5 with a child concern report who received a service at a Child and Family Centre in the same 12 months.
	Number of children and families receiving supports through Child and Family Centres
	Number of Aboriginal and Torres Strait Islander children and families receiving supports through Child and Family Centres
	Number of children and families receiving a service through the Child Development Service
	Number of targeted Aboriginal and Torres Strait Islander programs where the CDS provided EI supports
	Number of Aboriginal and Torres Strait Islander children and families receiving supports through CDS

Source: *Community Services Directorate Business Plan 2017-18*

Quarterly reporting against the Community Services Directorate Business Plan 2017-18

4.18 Table 4-5 shows the results of quarterly reporting against indicators of specific relevance to early intervention and prevention services for vulnerable children and families.

Table 4-5 *Quarterly performance reporting against Community Services Directorate Business Plan 2017-18 - Outcomes and Indicators of specific relevance to early intervention and prevention services for vulnerable families and children*

Indicator	Quarter 1: Jul-Sep 2017	Quarter 2: Oct-Dec 2017	Quarter 3: Jan-Mar 2018	Quarter 4: Apr-Jun 2018
Number of children aged 0-5 with a child concern report who received a service at a Child and Family Centre in the same 12 months.	-	315	325 (+3%)	313 (-4%)
Number of children and families receiving supports through Child and Family Centres.	827	1,261 (+52%)	1,597 (+27%)	1,807 (+13%)
Number of Aboriginal and Torres Strait Islander children and families receiving supports through Child and Family Centres.	120	164 (+37%)	191 (+16%)	208 (+9%)

Indicator	Quarter 1: Jul-Sep 2017	Quarter 2: Oct-Dec 2017	Quarter 3: Jan-Mar 2018	Quarter 4: Apr-Jun 2018
Number of children and families receiving a service through the Child Development Service	1,327	1,298 (-2%)	1,188 (-8%)	1,363 (+15%)
Number of targeted Aboriginal and Torres Strait Islander pograms where the CDS provided EI supports	4	7	4	7
Number of Aboriginal and Torres Strait Islander children and families receiving supports through CDS	76	96 (+26%)	66 (-31%)	72 (+9%)

Source: Community Services Directorate Quarterly performance reports

4.19 Reporting against the *Community Services Directorate Business Plan 2017-18* and its Outcomes and Indicators has not continued beyond the fourth quarter of 2017-18. The Community Services Directorate advised that, following the release of the *Empowering People: CSD Strategic Plan 2018-2028*, a Strategic Plan Integrated Planning Framework (for reporting outcomes) was being developed, including revised divisional plans. The Community Services Directorate advised that the Framework is intended to combine its strategic, organisational and division level planning to achieve the seven core outcomes of the Strategic Plan. The Framework is planned to:

- track performance against the Strategic Plan core outcomes;
- provide monthly strategic risk monitoring via critical indicators; and
- monitor divisional progress via quarterly operational practice and performance reviews.

4.20 The Community Services Directorate advised that results and analysis will feed directly into the annual reporting process.

4.21 In support of its *Community Services Directorate Business Plan 2017-18* the Community Services Directorate developed a series of Business Plan Outcomes and Indicators, which sought to provide information on early family support services provided through the Child and Family Centres and Child Development Service. This represented an attempt to provide more useful information on Child and Family Centre and Child Development Service programs and services to vulnerable families and children. The practice has been discontinued in 2018-19, but the Community Services Directorate advised that following the release of the *Empowering People: CSD Strategic Plan 2018-2028*, a Strategic Plan Integrated Planning Framework (for reporting outcomes) was in the process of being developed, including revised divisional plans. The Framework is intended to combine the directorate's strategic, organisational and division level planning to achieve the seven core outcomes of the Strategic Plan. If the Strategic Plan Integrated Planning Framework is implemented effectively, and useful and relevant Outcomes and Indicators are developed, it is expected to improve ongoing monitoring and reporting of programs and services to vulnerable children and their families.

Monthly reporting of service delivery

Child and Family Centre reporting

- 4.22 Monthly internal reports on the activities of the Child and Family Centres are prepared. The monthly reports provide information on a range of operational matters including:
- case loads – numbers of active cases, numbers of new cases, numbers of closed cases, numbers of pre-natal referrals and numbers of Aboriginal and Torres Strait Islander families receiving services;
 - group programs – numbers of sessions and participants; and
 - a range of administrative matters including staffing movements and corporate governance arrangements.
- 4.23 The monthly reports are primarily activity-based. They provide quantitative information on programs and services and sessions. They provide very little qualitative information on the effectiveness of service delivery for clients; if they do it is ad hoc and by exception.
- 4.24 The monthly reports also do not provide any information on the linkages between Child and Family Centres and other programs and services, including:
- sources of referrals to the Child and Family Centres;
 - other programs and services to which clients have been referred; and
 - any outcomes that have been achieved for clients, including vulnerable children and families.
- 4.25 A review of the monthly reports also indicates that there is inconsistency in the quality and comprehensiveness of the reporting. While the basic pre-determined activity-based categories were reported against in all of the reports from the Child and Family Centres, it was apparent that some reports provided more valuable qualitative information on the delivery of specific programs and services, including challenges and constraints and opportunities for improvement.

Child Development Service reporting

- 4.26 Similarly to the Child and Family Centres, monthly reports on the activities of the Child Development Service are prepared. These reports include:
- client data such as number of open cases, number of new referrals and number of new assessments offered;
 - group programs – program name, participant type (e.g parent) and number;
 - waiting list data (Autism Spectrum Disorder diagnostic assessments);
 - outreach programs and health promotion events; and

- operational information including new initiatives, media and communications, briefs, policies and procedures, stakeholder engagement, human resources and work, health and safety.
- 4.27 Similar to earlier comments on Child and Family Centre monthly reporting, the Child Development Service's monthly reports are primarily activity-based, providing quantitative information on programs and services and sessions and very little qualitative information on the effectiveness of service delivery for clients.
- 4.28 The monthly reports also do not provide any information on the linkages between the Child Development Service and other programs and services, including:
- sources of referrals to the Child Development Service;
 - other programs and services to which clients have been referred; and
 - any outcomes that have been achieved for clients, including vulnerable children and families.
- 4.29 In its response to the draft proposed report the Community Services Directorate advised:
- [The monthly internal reports] are internal documents to provide an information snapshot and for discussions with managers about Centre operations. The reports are also used as a reference for supervisions with Centre Managers as a tool to address operational issues and trends in a timely way.
- The data in these reports requires manual extraction; is operational and point in time data; and is for internal use.
- ...
- The reports are a snapshot/at a glance reporting tool and not intended to be a comprehensive evaluation of the service outcomes.
- 4.30 Monthly reports on the activities of the Child and Family Centres and Child Development Service are prepared. The reports follow a consistent format, and provide information on a range of operational matters including case loads, numbers of group programs and a range of administrative matters including staffing movements and corporate governance arrangements. The monthly reports are primarily activity-based; they provide quantitative information on programs and services and sessions, but very little qualitative information on the effectiveness of service delivery for clients. The Community Services Directorate advised that the purpose of the reports is 'to provide an information snapshot and for discussions with managers' and 'the reports are a snapshot/at a glance reporting tool and not intended to be a comprehensive evaluation of the service outcomes. The monthly reports do not provide, on a regular and ongoing basis, information on the linkages between the Child and Family Centres and Child Development Service and other programs and services, including:
- sources of referrals to the services;
 - other programs and services to which clients have been referred; and

- any outcomes that have been achieved for clients, including vulnerable children and families.

Health Directorate internal monitoring and reporting

Maternal and Child Health Service reporting

4.31 The Maternal and Child Health service prepares monthly reports on its programs and services including occasions of service for:

- Maternal and Child Health clinics;
- immunisation clinics;
- outreach clinics (including attendance at Canberra College Cares);
- New Parent Groups, Sleep Groups and Early Days Groups; and
- Parenting Enhancement Program / IMPACT Program services.

4.32 The monthly reports report separately on the occasions of service provided by the different Maternal and Child Health service teams across the ACT.

4.33 Usefully, the monthly reports also provide information on the number of non-attendances at key Maternal and Child service activities, including booked clinics, immunisation clinics and group activities. The non-attendances are also presented as a percentage of actual occasions of service. Data on non-attendance may provide useful information on the effectiveness of Maternal and Child Health service delivery arrangements.

4.34 The monthly Maternal and Child service reports do not provide any information on the client base attending and receiving Maternal and Child Health services and little information on the effectiveness of service delivery for clients.

4.35 The monthly reporting template includes a section on 'target occasions of service' and 'percentage variance for target occasions of service' for all of the categories of reporting identified in paragraph 4.31. However, targets are not set and there is no reporting against these sections. Canberra Health Services advised that the targets are no longer reported against as they were not evidence based and were not realistic.

4.36 Waiting times for services are also reported monthly to the Manager, Maternal and Child Health services for a range of Maternal and Child Health services across sites, including:

- immunisation;
- child health clinics;
- New Parent Group;
- Sleep Group; and
- Screening.

- 4.37 Monthly reports are currently used by the Maternal and Child Health service to monitor aspects of service delivery such as the number of clients who do not attend appointments. The information is reported to senior management and feedback is provided to staff at the monthly, all of Maternal and Child Health service staff meeting.
- 4.38 The Maternal and Child Health service prepares monthly reports on its programs and services including occasions of service for: Maternal and Child Health clinics; immunisation clinics; outreach clinics (including attendance at Canberra College Cares); New Parent Groups, Sleep Groups and Early Days Groups; and Parenting Enhancement Program / IMPACT Program services. The monthly reports report separately on occasions of service provided by the different Maternal and Child Health service teams across the ACT and also provide information on waiting times and the number of non-attendances at key Maternal and Child service activities. The reports are informative and are used to inform program management and service delivery, but provide little information on the effectiveness of service delivery for clients.

RECOMMENDATION 5 STRENGTHENING SERVICE PLANNING

In order to improve program management and service delivery, and the collection of data and needs analysis information that informs strategic and systemic planning, the Canberra Health Services and the Community Services Directorate should regularly report on:

- a) identifying gaps in service pathways for clients and how these are being addressed;
- b) unmet need, where there is limited service capacity to provide timely responses to children and their families; and
- c) any emerging trends in referral patterns which may indicate changes to need, and/or which could be indicate of areas where additional early support capacity would be beneficial.

Cross-agency initiatives for vulnerable families and children

- 4.39 There has been a number of ACT Government initiatives and strategies relevant to the identification, referral and support of vulnerable children and families in the ACT, all of which are interconnected. These include the:
- Human Services Blueprint;
 - Human Services Cluster;
 - Inter-Directorate Governance Arrangement; and
 - *Early Intervention by Design Project*.

Human Services Blueprint

4.40 In May 2014, the ACT Government announced the Human Services Blueprint; ‘a multi-year plan to improve the way human services are delivered across Canberra’. The Blueprint sought to:

... improve the effectiveness of governance, structural and supporting processes so the service system operates in a more person-centred and integrated way.²⁶

4.41 The Human Services Blueprint acknowledges that ‘sometimes we only need to access basic information, such as attending a drop-in clinic, while at other times we might need more intensive support from multiple services’. It ‘provides a framework for the community, health, education and justice systems to work together where a joined-up response is required’.²⁷

4.42 The Human Services Blueprint commenced in 2014-15, with a focus on three ‘flagship’ initiatives:

- 1) a *Local Service Network* at West Belconnen, which sought to ‘better integrate local service delivery to improve outcomes for individuals and vulnerable groups in the community’. This represented a ‘place-based approach’ that commenced in a specific locality, which sought to ‘test new approaches and to assess the scalability of local area network approaches, before they are rolled out more broadly across the ACT’.²⁸
- 2) a single *Human Services Gateway*, which consolidated three existing gateway services (the Disability Information Service Hub, the Children Youth and Family Services Gateway and Housing Central Access Point) into a single gateway which sought to ‘provide accessible information and self-support options and link individuals and families into more flexible and tailored supports based on their needs’. The Human Services Gateway has since been renamed OneLink and is located at Nature Conservation House²⁹ in Belconnen.³⁰
- 3) an expanded *Strengthening Families* program, which sought to support up to 50 vulnerable families with intensive and targeted support through a Trained Lead Worker, a Single Family Plan and tailored support package ‘which matches needs with available resources and seeks to reduce the level of service use over time’.³¹

²⁶ ACT Government, Human Services Blueprint, May 2014, page 4.

²⁷ ACT Government, Human Services Blueprint, May 2014, page 1.

²⁸ ACT Government, Human Services Blueprint, May 2014, page 24.

²⁹ Onelink also provides outreach at the Red Cross Roadhouse; Early Morning Centre; and West Belconnen, Tuggeranong and Gungahlin Child and Family Centres.

³⁰ ACT Government, Human Services Blueprint, May 2014, page 26.

³¹ ACT Government, Human Services Blueprint, May 2014, page 26.

Better Services Taskforce

4.43 The *Human Services Blueprint* identified that a Better Services Taskforce would oversee the governance of the Blueprint. The Taskforce was to be chaired by the Director-General of the Community Services Directorate and include high-level government and community sector representatives and ‘oversee reform efforts and champion innovation and report to the ACT Public Service Strategic Board and the Minister responsible for Community Services’.³²

4.44 In its response to the draft proposed report the Community Services Directorate noted that the Human Services Blueprint was primarily implemented between 2014 and 2016 but that it has since ceased as an initiative. The Community Services Directorate further advised:

[The *Early Support: Changing Systems, Changing Lives* initiative] builds on the strong foundations of the Blueprint, in particular the progress it made in shifting the ACT human services sector towards a person-centred, strengths based model, and valuing collaboration to support joined-up solutions.

[The *Early Support: Changing Systems, Changing Lives* initiative] evolves the Blueprint approach into an enhanced focus on integrated system reform, with a deliberate focus on reinvesting in early support across the human service sector.

Accountability Framework

4.45 The *Human Services Blueprint* identified that a *Human Services Blueprint Accountability Framework* ‘will be developed as a key accountability measure to support improved outcomes and ongoing improvement’ and that it would ‘be essential in monitoring what we do differently and better, and how we know this effort has made a difference to Canberrans’.³³

4.46 An *Implementing the Human Services Blueprint Better Services Progress Report (2014-15)* provided further information on the Accountability Framework (referred to as a comprehensive Performance Measurement and Accountability Framework) as well as a Human Services Outcomes Framework:

The Blueprint policy team will develop a comprehensive Performance Measurement and Accountability Framework to monitor achievements at the initiative level and impact at the individual or service level. The Blueprint will also develop a Human Services Outcomes Framework to monitor key population level outcome areas across the human services system.

Both Frameworks aim to promote shared responsibility and accountability across the system for joined up responses, whilst ensuring ongoing and simultaneous improvements across the Blueprint’s Triple Aim.³⁴

4.47 The *Implementing the Human Services Blueprint Better Services Progress Report (2014-15)* identified progress in relation to the Performance Measurement and Accountability Framework, and the Human Services Outcomes Framework, as follows:

³² ACT Government, *Human Services Blueprint*, May 2014, page 19.

³³ ACT Government, *Human Services Blueprint*, May 2014, page 4.

³⁴ ACT Government, *Human Services Blueprint*, May 2014, page 15.

The Evaluation Reference Group, a subcommittee of the Taskforce, has identified indicators for the performance measurement and accountability framework that will be applied by the Better Services Initiatives through their internal performance management processes.

The Human Services Outcomes Framework will focus on population level change with outcome areas being considered across health, education, inclusion and safety. The Evaluation Reference Group is considering which indicators will be best placed to monitor community progress.³⁵

- 4.48 A 2017 *Inter-Directorate Governance Arrangement for the Human Services Cluster: Supporting our Community* (the Inter-Directorate Governance Arrangement) identified the intention to 'continue to develop the draft Human Services Outcomes Framework for service planning and provide shared focus, outcomes and deliverables as part of the NZ to ACT approach'.³⁶
- 4.49 The performance and accountability framework initially envisaged by the *Human Services Blueprint* was not completed and implemented. The Community Services Directorate advised that it has progressed the development of a draft Outcomes Framework as part of the more recent *Early Support: Changing Systems, Changing Lives* initiative (the Initiative) (refer to paragraphs 4.65 to 4.67).

Human Services Cluster

- 4.50 *Administrative Arrangements 2016 (No 5) (Notifiable instrument)* provided a framework for the administrative organisation of ACT Government agencies. It established three 'clusters', one of which was the Human Services Cluster which included the Health Directorate, Community Services Directorate, Education Directorate and Justice and Community Safety Directorate.
- 4.51 *Administrative Arrangements 2016 (No 5) (Notifiable instrument)* has since been repealed and replaced on a number of occasions, and at the time of reporting *Administrative Arrangements 2018 (No 2) (Notifiable instrument NI 2018-523)* is in place.
- 4.52 Key changes during this period have been:
- the removal of the Justice and Community Safety Directorate from the Human Services Cluster in 2017 and its reinstatement in 2018; and
 - recognition of the splitting of the ACT Health Directorate into ACT Health and Canberra Health Services in 2018.

³⁵ ACT Government, *Human Services Blueprint Progress Report*, page 15.

³⁶ ACT Government, *Inter-Directorate Governance Arrangement for the Human Services Cluster (MoU)*, 2017, page 8.

Inter-Directorate Governance Arrangement

- 4.53 In order to support the administrative arrangements of the Human Services Cluster, an *Inter-Directorate Governance Arrangement for the Human Services Cluster: Supporting our Community* (the Inter-Directorate Governance Arrangement) was developed. This Arrangement 'sets out the governance arrangements and shared objectives of the ACT Government *Supporting our Community* Human Services Cluster ... for the period 2017-2020'.³⁷
- 4.54 The Inter-Directorate Governance Arrangement was signed by the Directors-General of the Community Services Directorate, Health Directorate, Justice and Community Safety Directorate and Education Directorate as well as the Under-Treasurer and Deputy Director-General of the Chief Minister, Treasury and Economic Development Directorate.
- 4.55 The Inter-Directorate Governance Arrangement notes that the Human Services Cluster seeks to:
- ... build upon the Human Services Blueprint Better Services Initiatives to move to the next level of service integration. The Cluster will achieve this through commitment to a shared program of work that will embed systemic reform and build human services capacity by undertaking cross-directorate joint activities which deliver a common approach, drive policy consistency and improve the effectiveness of human service delivery across Cluster directorates.³⁸
- 4.56 The Inter-Directorate Governance Arrangement notes that the primary objective of the Human Services Cluster for the period 2017-2020 is to:
- ... move to the next level of integrated service delivery and, through collaborative service system redesign, to effectively realise the principles of early intervention and prevention in order to change the long-term life trajectories of people who experience persistent and intergenerational disadvantage.³⁹
- 4.57 Priority areas for the Human Services Cluster include: early childhood (defined as children aged 0-8), the Aboriginal and Torres Strait Islander community and people affected by family violence.

Work Program and activities

- 4.58 The Inter-Directorate Governance Arrangement identified a range of projects and activities to be undertaken as part of the Human Services Cluster Work Program, including five priority projects, one of which was the Early Intervention Strategy. The Inter-Directorate Governance Arrangement identified that 'a project plan will be developed for each of the priority projects with implementation and governance managed by the lead Directorate. Regular updates will be provided to the Inter-Directorate Committee'. The Community Services Directorate was to take the lead on the Early Intervention Strategy, which was progressed as the *Early Intervention by Design* project.

³⁷ ACT Government, Inter-Directorate Governance Arrangement for the Human Services Cluster (MoU), 2017, page 3.

³⁸ ACT Government, Inter-Directorate Governance Arrangement for the Human Services Cluster (MoU), 2017, page 3.

³⁹ ACT Government, Inter-Directorate Governance Arrangement for the Human Services Cluster (MoU), 2017, page 3.

Early Intervention by Design project

4.59 A working definition for the *Early Intervention by Design* project interpreted early intervention as ‘access to meaningful services and support early in the life of an issue, including in the life of a child, in an episodic illness, or in a life event or crisis. Access to meaningful services enables a change of trajectory away from a growing need for intensive/costly services and towards self-management and positive life aspirations - rather than simply managing the immediate crisis’. A February 2018 Community Services Directorate report noted:

While focusing on improved outcomes for the above priority groups, the work will necessarily take a broader approach to early intervention across all aspects of Human Services delivery and thus be inclusive of different cohorts and sectors including mental health, disability, young people, homelessness and housing. This approach recognises that early intervention in the life cycle of an issue is where the greatest cost and social benefits are realised.⁴⁰

4.60 As part of a response to the Community Services Directorate, in relation to the *Early Intervention by Design* project, the Health Directorate noted:

Developing a shared understanding of what “early intervention” means and looks like within the policy and service delivery context of ACT Health and community delivery partners is crucial to establishing an agreed definition across the Human Services Cluster. This definition will drive increased policy and targeting alignment, greater collaboration and incremental changes to procurement and funding arrangements.

4.61 During 2018⁴¹ the Community Services Directorate reported to the Human Services Cluster Inter-Directorate Committee on progress on the *Early Intervention by Design* project. During this time:

- a consultant was engaged as part of the first stage of Phase One of the project;
- there was broad support for a cabinet submission exposure paper from all Directorates;
- early intervention reform advice (the cabinet submission) was delivered to, and agreed by, Government in September 2018, including immediate and longer term options;
- there was a move in language from *early intervention* to *early support*; and
- the Community Services Directorate and Health Directorate continued to progress the work of incremental reform to existing service funding agreements from 1 July 2019.

⁴⁰ Human Services Cluster Team, Early intervention by Design progress update, p 1. The identified priority groups in the report are: Vulnerable children and their families, with a focus on early childhood; Aboriginal and Torres Strait Islander families and children; and families who have experienced domestic and family violence

⁴¹ Meetings of the Human Services Cluster IDC were held in February, May and August 2018. A scheduled November 2018 meeting did not eventuate.

Early Intervention by Design Project report

4.62 In July 2018 the consultant's report for the *Early Intervention by Design* project was produced: *Early Investment for the ACT: Directions from stakeholders*. The *Early Investment for the ACT: Directions from stakeholders* report noted:

... The ACT continues to see individuals and families repeating the poor life experiences and outcomes of their parents, with other people requiring tertiary services around various life events and crises. Early intervention in this context needs to address opportunities both early in life and early in the life of a problem.

By adopting an investment approach, the ACT will be able to learn which groups of residents are most likely to experience poor life trajectories and high lifetime costs, and work with them earlier to improve outcomes and generate a social return on investment. While specific evidence-based interventions will be central to success, concurrent changes to systems, services and practice will also be necessary. This will need to be supported by a new approach of commissioning for outcomes.

A number of recent reforms and strategies across ACT Government have identified serious flaws in how our services and systems work, with each reform appropriately seeking to influence discrete sectors. A strong early intervention agenda provides the opportunity to bring these currents of change together and marshal a strategy to reform the human services system and identify strategic investment opportunities to deliver better long-term outcomes.

4.63 The *Early Investment for the ACT: Directions from stakeholders* report highlighted the need for inter-agency collaboration and communication:

A child or young person, on a trajectory towards very poor health, developmental delay, school disengagement, out-of-home care (OOHC), mental illness, offending or homelessness often has a core set of issues affecting their family and life. When we approach these children and families solely from the perspective and resources of a single Directorate, it limits the solutions we design and offer and thus the ability to change whole of life trajectories. No single Directorate or support service can work alone to change complex life circumstances.

The overwhelming message from individuals and families we spoke with supports the need for change to the service system. Their feedback is that they want a response which works holistically with the whole family and all the inter-related issues to improve their lives and their futures – not just manage a particular risk or drive towards a single outcome. Often the multiple issues that vulnerable families face require timely sequencing and coordination of services – something that is very difficult to achieve in the current service landscape.

4.64 The *Early Investment for the ACT: Directions from stakeholders* report identifies a series of actions and initiative under five 'core domains':

- 'further development of an agreed **outcomes** framework to guide coherent action across the sectors';
- '**service system and practice reform** to achieve early investment outcomes';
- '**test and learn initiatives** to strengthen the *early identification, engagement and response to vulnerable families*';
- '**test and learn initiatives** to *work holistically with families with multiple needs who are high risk of poor life outcomes and high lifetime costs, and who want a response which works with their strengths and aspirations as a family to change trajectory*'; and

- ‘*iterative reforms over ten years to achieve effective **commissioning** for outcomes across government and non-government services, in support of each of the above domains*’.

4.65 The Community Services Directorate has since progressed the project as the *Early Support: Changing Systems, Changing Lives* initiative. It has developed a ten-year roadmap to support the implementation of the initiative (through to 2028-29), which includes a series of activities to be commenced and implemented over the period, including:

- a series of ‘Try, Test and Learn’ sites to be implemented in the initial years of the ten-year program, including a ‘place-based initiative’ with a focus on schools as communities in Tuggeranong, as well as a series of ‘proof of concept initiatives’ focused on sustained nurse home visiting, diverting Aboriginal and Torres Strait Islander families from the child protection system and a youth justice diversion program for children aged eight to thirteen;
- developing and embedding across directorates a consistent approach to contracting with non-government service providers;
- development of an Outcomes Framework;
- implementation of an Aboriginal and Torres Strait Islander Policy and Practice Co-Design Forum; and
- development of a data and reporting capability.

4.66 The Community Services Directorate advised that the *Early Support: Changing Systems, Changing Lives* initiative (the Initiative) is currently in the final phase of developing foundational work to underpin the reform initiative, and is progressing several streams of work prior to the end of the financial year.

4.67 In its response to the draft proposed report the Community Services Directorate advised:

In September 2018, Government agreed to implement *Early Support: Changing Systems, Changing Lives*, a ten-year reform to shift the service system from its current focus on crisis and deficit, into one which has enhanced early support capacity, is well-focused, and supports long-term outcomes.

This includes work on two horizons to enhance immediate early support capacity via four Implementation Initiatives in the first instance; and over the longer-term ten-year horizon shift the human services system to a commissioning for outcome environment.

Implementation is scheduled to commence from 1 July 2019. Current foundational work to be completed prior to 1 July 2019 include a draft Outcomes Framework, including a baseline report, and an Evaluation Framework, which will be further tested with the community and rolled out across services.

4.68 The *Human Services Blueprint* (2014) identified an intention to develop a *Human Services Blueprint Accountability Framework* ‘as a key accountability measure to support improved outcomes and ongoing improvement’. It noted that it would ‘be essential in monitoring what we do differently and better, and how we know this effort has made a difference to Canberrans’. It was envisaged that the *Human Services Blueprint Accountability Framework*

would 'promote shared responsibility and accountability across the system for joined up responses, whilst ensuring ongoing and simultaneous improvements'. The *Human Services Blueprint Accountability Framework* was not implemented as expected and there is currently no framework for planning and accountability across ACT Government agencies for the delivery of services to vulnerable families and children.

- 4.69 Between 2015 and 2018 an *Early Intervention by Design* project was progressed through the Human Services Cluster. In July 2018 an *Early Investment for the ACT: Directions from stakeholders* report was produced by a consultant for the purpose of the project. The report identified a series of actions and initiatives, which were intended to be implemented under five 'core domains'. The first key action to be undertaken was 'further development of an agreed **outcomes** framework to guide coherent action across the sectors'. The implementation of a performance and accountability framework across directorates, as initially envisaged in the *Human Services Blueprint (2014)*, would assist in monitoring and reporting on cross-agency service delivery to vulnerable children and families. The development and implementation of such a framework should be implemented as a priority to guide directorate-specific and cross-agency policy development and program management and decision-making. The Community Services Directorate advised that it intends to complete a draft outcomes framework by 1 July 2019, which is to be 'further tested with the community and rolled out across services'. The Community Services Directorate has since progressed the *Early Intervention by Design* project as the *Early Support: Changing Systems, Changing Lives* initiative (the Initiative) and has developed a ten-year roadmap (to 2028-29) for a series of reforms across the human services system.

RECOMMENDATION 6 CROSS-AGENCY PERFORMANCE AND ACCOUNTABILITY FRAMEWORK

In order to improve cross-agency planning and delivery of services to vulnerable children and their families, the Community Services Directorate, as the lead agency for the *Early Support: Changing Systems, Changing Lives* initiative, should develop and implement a cross-agency performance and accountability framework that identifies:

- a) outcomes sought for vulnerable children and their families, including key strategic indicators of effectiveness in the delivery of the outcomes; and
- b) a mechanism by which:
 - i) agencies' individual contributions to the outcomes that are sought are identified; and
 - ii) agencies' individual contributions are regularly and publicly monitored and reported against.

APPENDIX A: ACT GOVERNMENT PROGRAMS AND SERVICES

Community Services Directorate

Child and Family Centres

There are three Child and Family Centres in the ACT, which are located at:

- Gungahlin;
- Tuggeranong; and
- West Belconnen.

According to the *Child and Family Centres ACT – A Guide to our programs and services 2019* document, ‘the Centres are staffed by a multidisciplinary team and are designed to provide a range of support programs to assist parents and children’. The Centres focus on services and support for children from pre-birth to eight years, although some services may be offered to children up to twelve years old.

Key programs and supports, of relevance to the birth to five years old age group which are the focus of this audit, are outlined as follows:

Drop-in parenting support

Parents and carers may attend a Child and Family Centre in person or telephone a Centre and seek advice on a range of issues, including:

- ‘general parenting’
- ‘adjusting to being a parent’
- ‘family relationship issues’
- ‘your child’s behaviour and development’⁴²

Ongoing support

The *Child and Family Centres ACT – A Guide to our programs and services 2019* document notes ‘Child and Family Workers are available to provide ongoing support for children and families. No two families are the same so Child and Family Workers will provide a tailored service to your child and family’.

⁴² *Child and Family Centres ACT – A Guide to our programs and services 2019*, page 2.

In relation to ongoing support the *Child and Family Centres ACT – A Guide to our programs and services 2019* document poses a series of questions and answers, one of which is as follows:

Can I have my own worker who can help me for a while with some parenting and family issues?

Yes. A Child and Family Worker will meet you to discuss your situation. This may mean a Worker supporting children and families on an individual basis, a referral to a parenting group, or referral to another service that may be more appropriate. All options are discussed with parents to ensure the right response is provided. If parents feel they would like ongoing support and assistance in their parenting role, a worker may be provided to support them.

Child and Family Workers may meet with children and their families at the Child and Family Centre, at school or other locations.

Prep for Pre Program

The Prep for Pre Program seeks to ‘equip families with knowledge, strategies and confidence to support children’s physical, social, emotional, cognitive and language development prior to starting preschool’. It is a five week program for children and their families, which is run at the three Child and Family Centres and the Namadji School.

The Prep for Pre Program involves a multidisciplinary team comprising:

- Child and Family Centre staff;
- staff from the Education Directorate’s Network Student Engagement Team (NSET); and
- Child Development Service staff.

Other programs and support services

According to the *Child and Family Centres ACT – A Guide to our programs and services 2019* document a range of other programs and support services are provided, including the following, which are of relevance to the birth to five years old age group:

Table A-1 Child and Family Centre programs and services

Program / service	Description	Target group	Locations
Children’s Behaviour and Emotional Wellbeing Clinic	Consultation clinics to provide information on child development and behaviour, relationships and strategies	Parents with children under 8 years	Gungahlin, Tuggeranong and West Belconnen
Circle of Security	A relationship-based parenting program where parents learn to recognise, understand and meet their children’s emotional needs in order to prevent and manage behavioural and emotional difficulties	Parents with children under 8 years	Gungahlin, Tuggeranong and West Belconnen
Cool Little Kids	A group for parents of children aged 3 to 8 years, helping them learn strategies to assist their anxious child	Parents of children aged 3 to 8 years	Gungahlin, Tuggeranong and West Belconnen

Program / service	Description	Target group	Locations
GET UP (Group Engaging The Under 25 Parents)	A group for young parents under 25 years	Young parents under 25 years	West Belconnen
Deadly Bubs	A supported playgroup focusing on strengthening community and cultural connections and promoting positive child-parent relationships.	Aboriginal and Torres Strait Islander pre-schoolers and their families.	Gungahlin.
Koori Playgroup	A supported playgroup.	Aboriginal and Torres Strait Islander children birth to 5 years and their parents and carers.	Tuggeranong and West Belconnen
Learn, Giggle and Grow	A group where parents and children have the opportunity to interact and play, with an emphasis on encouraging parents to engage with their children in play	Parents and children from birth to 5 years	Gungahlin, Tuggeranong and West Belconnen
Parents as Teachers	A monthly home visit program where trained parent educators provide parents with practical information and guidance to help their child develop skills essential for later learning	Families with a child under 2.5 years of age	Gungahlin, Tuggeranong and West Belconnen
POPPY (Parents Opportunity to Participate in Play with their Young)	A supported group for mums and dads with mental health issues	Parents with mental health issues with children birth to 5 years	Tuggeranong and West Belconnen
Atfaal Family Playgroup	A playgroup for Muslim families with children under 5 years	Muslim parents and children under 5 years	Gungahlin
Multicultural Group	A playgroup to assist multicultural families with children from birth to 5 years to settle into the community	Parents with children birth to 5 years who are from a culturally and linguistically diverse background	Gungahlin and Tuggeranong
South Sudanese Group	A group for South Sudanese families with children from birth to 5 years	South Sudanese families with children from birth to 5 years	West Belconnen

Source: Community Services Directorate, *Child and Family Centres ACT – A Guide to our programs and services 2019*

Child Development Service

The Child Development Service offers 'assessment, referral, information and linkages for children 0-6 years where there are concerns relating to their development'. Where it is identified that a child requires early intervention support, the Child Development Service refers families to the National Disability Insurance Agency and its external service partner EACH.

Parents and carers may access the Child Development Service through:

- a telephone or online referral directly to the Child Development Service (a referral may also be made by early childhood educators, teachers, general practitioners, health workers and case workers with the parent or guardian's permission); or
- attendance at a drop-in clinics.

Drop-in clinics relating to speech pathology and physiotherapy are offered at:

- the Child Development Services premises at Holder; and
- all three Child and Family Centres.

Health Directorate

Maternal and Child Health Nursing Service

The Maternal and Child Health (MACH) nursing service supports new parents with information and health advice.

Nursing services and support

Maternal and Child Health Nurses may provide services and support through a range of mechanisms:

- First-home visits;
- Booked clinic appointments;
- Drop-in clinics;
- New Parents Group; and
- Feeding and Settling (Early Days and Sleep Groups).

First home visits

Maternal and Child Health Nurses offer a home visit to all families with newborns. According to the Health Directorate's website the visit 'is a chance to discuss the wellbeing and any health issues of you and your baby. It can also provide you with information about local services for parents'.

First home visits are facilitated through information-sharing between Canberra hospitals and the Maternal and Child Health (MACH) nursing service, through which information on newborns are provided by the hospitals to the Maternal and Child Health (MACH) nursing service.

Booked clinic appointments

Booked clinic appointments are available for 'information and advice on parenting, child health, breastfeeding, nutrition and feeding issues, keeping your child safe, toddler behaviours issues, adjustment to parenthood and maternal emotional health'.

Appointments are provided at Child Health Clinics at Gungahlin, Phillip, Weston, Belconnen, Dickson, Tuggeranong, Ngunnawal and Lanyon.

Appointments may be made through the Maternal and Child Health (MACH) nursing service centralised Community Health Intake (CHI) team.

Drop-in clinics

Drop-in clinics are available for 'brief visits between booked appointments. These clinics are best suited for quick questions and updates, not comprehensive health checks'.

Drop-in clinics are provided at Child Health Clinics at Gungahlin, Phillip, Weston, Belconnen, West Belconnen, Dickson, Tuggeranong, Ngunnawal and Lanyon.

New Parents Group

The New Parents Group is a four week program run by Maternal and Child Health nurses. It is intended to provide 'the opportunity to meet other first-time parents with babies of a similar age, discuss topics and issues about parenting and caring for yourself and your baby and find out how to access services available to you in the community'.

Access to the New Parents Group is through the centralised Community Health Intake (CHI) team.

Feeding and Settling (Early Days and Sleep Groups)

Maternal and Child Health nurses operate two key groups to assist with sleeping and settling babies.

Early Days group sessions provide information and support for breastfeeding, bottle feeding and settling infants under three months. The Early Days Group is held at Child Health Clinics at Florey, Ngunnawal, Lanyon, Tuggeranong, West Belconnen and Dickson.

Sleep Group sessions are offered to provide information about settling and sleeping babies. Three specific groups are offered for babies aged 3 to 8 months, 9 to 18 months and 19 months to 3 three years.

Health and development checks

Maternal and Child Health nurses provide health and development checks for children. The health and development checks seek to monitor children's growth and facilitate early intervention and treatment as necessary. The health and development checks are offered at:

- 1 to 4 weeks;
- 6 to 8 weeks;
- 4 months;
- 6 months;
- 12 months;
- 18 months;
- 2 years;
- 3 years; and
- 4 years.

The health and development checks are offered at Child Health Clinics at Belconnen, Dickson, Florey, Gungahlin, Ngunnawal, Lanyon, Narrabundah, Phillip, Weston Creek and Tuggeranong and the West Belconnen Child and Family Centre.

Appointments may be made through the Maternal and Child Health (MACH) nursing service centralised Community Health Intake (CHI) team.

Immunisation services

Maternal and Child Health nurses provide immunisation services for children.

Appointments may be made through the Maternal and Child Health (MACH) nursing service centralised Community Health Intake (CHI) team.

Audit reports

Reports Published in 2018-19	
Report No. 06 – 2019	ICT Strategic Planning
Report No. 05 – 2019	Management of the System-Wide Data Review implementation program
Report No. 04 – 2019	2017-18 Financial Audits Computer Information Systems
Report No. 03 – 2019	Access Canberra Business Planning and Monitoring
Report No. 02 – 2019	Recognition and implementation of obligations under the <i>Human Rights Act 2004</i>
Report No. 01 – 2019	Total Facilities Management Procurement
Report No. 11 – 2018	2017-18 Financial Audits - Overview
Report No. 10 – 2018	Annual Report 2017-18
Report No. 09 – 2018	ACT Health’s management of allegations of misconduct and complaints about inappropriate workplace behaviour
Reports Published in 2017-18	
Report No. 08 – 2018	Assembly of rural land west of Canberra
Report No. 07 – 2018	Five ACT public schools’ engagement with Aboriginal and Torres Strait Islander students, families and community
Report No. 06 – 2018	Physical Security
Report No. 05 – 2018	ACT clubs’ community contributions
Report No. 04 – 2018	2016-17 Financial Audits – Computer Information Systems
Report No. 03 – 2018	Tender for the sale of Block 30 (formerly Block 20) Section 34 Dickson
Report No. 02 – 2018	ACT Government strategic and accountability indicators
Report No. 01 – 2018	Acceptance of Stormwater Assets
Report No. 11 – 2017	2016-17 Financial Audits – Financial Results and Audit Findings
Report No. 10 – 2017	2016-17 Financial Audits – Overview
Report No. 09 – 2017	Annual Report 2016-17
Report No. 08 – 2017	Selected ACT Government agencies’ management of Public Art

These and earlier reports can be obtained from the ACT Audit Office’s website at <http://www.audit.act.gov.au>.