

## **Baptcare - Response to Protecting Victoria's Vulnerable Children Inquiry**

### **To the Inquiry Panel**

Baptcare welcomes the opportunity to contribute to the Vulnerable Children Inquiry and looks forward to working in partnership with the government and other service providers to develop focused solutions for Victoria's vulnerable children.

Baptcare is in a unique position to comment on many aspects of this Inquiry due to the range of services provided that support vulnerable families and children across both Tasmania and Victoria. In Victoria Baptcare has participated in the development and implementation of the Brimbank Melton and Western Child FIRST Alliances. In the past 18 months Baptcare built on this expertise as a lead provider within the Tasmanian Governments reform agenda in developing and implementing the Tasmanian Family Services Gateway, which as noted in the Term of Reference, is legislated to receive child protection notifications.

In Victoria Baptcare provides Integrated Family Services (IFS) as well as a range of statutory programs for vulnerable children. Our family preservation programs include: Families First, Parenting Assessment Skills Development Service, Post Natal Depression Outreach Counselling, HomeStart and Out of Home Care programs, such as; Foster Care and Kinship Care, Disability Services (planning assessment, case management and respite support). It is from these complementary experiences that we draw our responses and make suggestions for future service provision reform.

### **Response**

#### **2. Strategies to enhance early identification of, and interventions targeted at child and families at risk.....**

##### **2.4 What are the most cost-effective strategies to enhance early identification of, and intervention targeted at, children and families at risk?**

A range of reports exist providing evidence of systemic issues in child protection programs across Australia. At the centre of these issues are staff recruitment and retention, for both child protection and community sector organisations. In Victoria substantive attempts have been made to overcome these concerns by increased staffing numbers and building the capacity of the Child FIRST programs.

However, the regularly noted concern not addressed within the current model is increased demand and complexity of families, and the impact this has on child protection and Child FIRST work loads. Families now require much more intensive work before any progress is achieved, as a partner in two regional Child FIRST Alliances response we have noticed this increasing complexity. We are seeing families with multiple issues that are being passed on to each generation; including family violence, homelessness, mental health issues and drug

and alcohol abuse. This growing cohort of highly complex families impacts on the ability for family with a single high risk factor to be prioritised for support.

This scenario has contributed to a major gap in the service system, where families with an identified single risk factor or reduced parental function are unable to access the much needed family support services as they do not meet the eligibility criteria. This Gap focuses around the lack of preventative intervention that works with families that are vulnerable, socially isolated and/or at risk of experiencing escalated risk factors. Due to the threshold shift that has occurred with in IFS the upstream demand of these vulnerable but not defined as demanding service families remains an unmet need in the community

At Baptcare we have invested in the development and delivery of two Home Start programs. Home Start is a very cost-effective program that provides regular support and practical assistance to families with escalated risk factors that have come into contact with the intensive family support system but do not reach the threshold for service provision and/or have exhausted the service provision allocation from universal tiered services, such as: Enhanced Maternal Child Health Service.

The Home Start program complements and extends the supports provided by the existing universal and secondary family support services system, as it offers a referral point where a family's risks escalates outside of a early intervention service threshold or an enhanced universal service can no longer provide support as the family has reach a defined allocation of hours. Many of the families currently being supported by Homestart have been referred to Baptcare by either the Enhance Maternal Child Health after they have provided the upper ends of their service allocation or the Child FIRST providers in the region, as the clients did not reach the service threshold but had significant parenting issues that if unsupported may lead to an intervention by a tertiary services.

Evaluations (attachment 1) conducted identified the success of the Homestart program in reducing, over time, the need for a family to have contact with tertiary and secondary services. Many of the Homestart families self report that 'if they had not received the service provided by Baptcare then they believe their children would have been removed from them'. The program runs with a single coordinator and a team of well supported, resourced and trained volunteers and the partnership between the professional capacity sits extremely well along side the much need volunteer component of this program.

**A. Baptcare recommends:** the funding inclusion of an enhanced universal service system like Home Start in each Local Government Area, as this would over time decrease the requirements for child protection and Child FIRST programs as well as ensure that vulnerable families and children receive the earlier support they require.

### **3. The quality, structure, role and functioning of: family services; statutory child protection services, including reporting.....**

**3.1 Over recent years Victoria has been developing an increasingly integrated service delivery approach to the support of vulnerable children and families. From a systems perspective what are the strengths and weaknesses of this approach? How should any identified weaknesses be addressed?**

The strength of the Victorian integrated family support service system is the partnerships and Alliances that have been developed through the Victorian reform process. The Alliances have created an opportunity for services that have historically operated in a competitive environment to come together to undertake regional planning in a collaborative manner. The development of these partnerships has taken time, specifically the development of the Memorandums of Understanding, however, these agreements underpin the Alliances and are the foundation for organisations to come together to plan, review and develop a regional responses. The Department of Human Services are fundamental to the success of the Alliance partnerships as they provide the link from the Alliance back into the department.

One aspect of the Alliances that needs further development is a common assessment process across Child First, Integrated Family Services and Child Protection. The strength of any family support intervention relies on a comprehensive and effective intake and assessment process. Further strengthening these processes and unifying the currently disaggregated approaches to assessment would greatly enhance the system.

**B. Baptcare recommend:** the development of universally applied assessment tools that ensure all family support services have a consistent approach to assessing risk and cumulative harm. Organisations and staff members would require training and supervision around the implementation of a universal assessment process, particularly the front line workers, as they are a critical element of its success.

**3.2 Providing a quality service to vulnerable children and their families is dependent on having a skilled workforce. What are the strengths and weaknesses of current workforce arrangements e.g. Working conditions, training and career paths? How might any weaknesses be addressed?**

#### **Workforce support and development**

There is considerable evidence highlighting the crucial shortage of experienced and qualified workers across the sector. This staff shortage will be further exacerbated over time by the ageing population and the increasing demand. Baptcare has identified that the provision of adequate supervision is more likely to retain staff members for longer periods. Front line workers experience complex and emotive situations that require well considered responses. The provision of appropriate training and adequate clinical supervision are key elements that contribute to staff's ability to perform their work tasks in and appropriate manner.

Baptcare provides an Employee Assistance Program however, not all CSO's do and a specialised individual and across agency support service could be an additional individual or group support option for front line workers.

**C. Baptcare recommend:** the creation of a sector based, voluntary and confidential support service offered by suitably qualified senior practitioners to provide clinical supervision. This group could provide group support meetings for front line workers or an individual supervision service.

**D. Baptcare Recommends:** that DHS create a specific Graduate Certificate or Diploma of social work (protecting vulnerable children) in partnership with a major university, a range of scholarships are for lower paid CSO workers to allow access appropriate training and attend

conferences and establishes a secondment scheme between CSO and child protection to improve the breadth of experience available to workers.

### **Improving OHS and safety**

Stress and occupational violence are two key issues for workers in the sector. Transparent communication to alert CSO's of significant occupational violence issues in families or visitors does not always occur for privacy reasons, leaving CSO's and in many cases their young sole female workers vulnerable to occupational violence in home visits.

**E. Baptcare recommend:** a greater level of transparency and sharing of these crucial risks is vital to ensure the safety of all workers.

### **3.4 What are the strengths and weaknesses of current statutory child protection service in relation to responding to and assessing suspected child maltreatment?**

There currently is an overwhelming body of evidence required to be gathered by CSO's to document and report against accountability obligations. The Quality of Care processes are not well understood across both the community sector and child protection, as to date, limited training and education was offered prior and in the early stages of the roll out of the new tools and processes.

**F. Baptcare recommend:** the implementation of regular planned training and communication sessions (quarterly) to build staff knowledge across both child protection and CSO.

#### **3.4.1 How might the identified weakness be best addressed? Are there places where some of these services work more effectively than elsewhere? What appear to be the conditions associated with this and how might these conditions be replicated elsewhere in the State?**

### **Community Based Child Protection Workers**

The recent review undertaken by KPMG (to be formally released 2011) documents successful collaborative responses that occur in family support services where a CBCPW is located. The co-location of these two services means that complex cases receive the joint attention and focus of both child protection and intensive family support services.

Our involvement in the IFS systems in both Victoria and Tasmania has exemplify that the embedding of this position into direct service provision has enabled a greater level of information sharing with child protection and enabled quality risk assessments.

In Tasmania the Gateway Intake and IFSS staff members regularly consult with the co-located child protection practitioner on cases that have a heightened element of risk or complexity. These consultations allow for a robust discussion about risk factors and a much greater level of clarity of the issues. They also assist to develop a shared understanding of roles and responsibilities and produce better outcomes for families and reduce the likelihood of families with high risk factors slipping through service gaps.

Furthermore, it has been identified that on the occasions when cases have escalated quickly, the ability to undertake joint work has improved response capacity. It is worth

noting that evaluation of this role have identified that a key success factor of the embedded child protection practitioner is predicated on clarity of roles, responsibilities, and workers sharing information.

**G. Baptcare recommends:** building and extending the Community Based Child Protection Workers, at the moment these positions are available on a very limited capacity. There needs to be at least four EFT per region, and these roles should be co-located at organisations providing Intensive Family Support. For consistency it is important the person in the role remains stable for a period of at least 12 months and is highly experienced of at least a team leader level with decision making ability and skills to engaged at an advanced level

### **3.5 What are the strengths and weaknesses of the range of our current out-of-home care services.....**

The strength of out-of-home care service is, and has always been, the dedicated staff and carers. One of the most significant weaknesses sits within the declining numbers of carers; and this can be demonstrated by the limited annual carer take up rate.

Much has changed in society in recent decades: one of the major shifts is the need for both parents to remain in the workforce whilst raising children, in order that loan repayments and day to day living costs can be covered. If the primary carer does take time off work it is to raise children, it is often for a very short period of time. During these critical child raising years many families use a network of child care and/or grand parents to create safe, loving and nurturing day-to-day care child care arrangements. The ability to apply these some care arrangements for foster care children is not supported. Many Foster Care agencies state that if both parents are in the full time workforce then they should consider respite care only. This limitation excludes a large and still growing cohort of the community from becoming foster carers.

**H. Baptcare recommend:** that a renewed approach to carer recruitment and support be explored, in particular the following actions:

- Creating a broader range of foster carer support provisions that reduce the barriers for people in the workforces to foster children, by providing access to child care and other child support provisions.
- Continue to explore the possibility of providing Foster Cares with a tax exemptions status. As Baptcare often receives feedback from carers that the limited remuneration and support across the sector is a major disincentive to take up caring in the first place or to continuing as a carer now.
- Provide incentives for community service providers to join their limited resources together to create more effective wide-spread marketing and recruitment campaigns. (The governments of Tasmania and Northern Territory provide two successful examples of a larger scale carer recruitment campaigns).
- Provide incentives for community service providers to join together to provide the Share Stories Shared Lives training, in order that training programs are available consistently and more regularly. Ensuring that potential carers have an opportunity

to attend training soon after expressing interest and allowing more carers to be accredited. Baptcare has been working with a number of CSO's in the North and Western Region on a proposal to provide the Shared Stories Shared Lives training together. This proposal has been recently presented to DHS in the North West Region.

- Develop and invest into a new therapeutic carer model that ensures there is a range of appropriate qualifications and trained carers that can provide the intensive care required for 8-13 year old boys with complex behaviours.

### **Kinship Care**

Baptcare supports the State government's investment into the Kinship Care program as we see this program as an effective way of supporting the emotional bonds often present in family members. However, from our experience a limited number of families require additional support and resources to manage very complex situations. Family mediation is one such area due to the pressure that can often be placed on the family member with custody of the child to comply with the birth parents wishes. Secondly, the introduction of a Best Practice program that is offered across the state is critical to support the kinship carers.

**I. Baptcare recommend:** that a best practice programs should be implemented to provide opportunities for Kinship Care staff members and carers to explore a broad range of topics. These topics should be based on regular need assessments and feedback provided by carers. In the first instance it is recommended that the already established out-of-home care training, Shared Stories Shared Lives be offered.

### **Assessment of Carers**

As noted by the Ombudsman of Victorian one of the main areas of concern for the newly developing sector of Kinship Care is the inadequate screening of Kinship Carers. The report goes on to recommend that CSO be resourced to undertake assessment and ongoing case management.

**J. Baptcare strongly support the recommendation of the Ombudsman of Victorian:** and are working with the Department to explore opportunities to undertake screening assessments of new Kinship Carers.

### **Carer support requirements**

Where there is greater complexity of factors leading to a child being removed from their birth parents it will often take a considerable period of time period to stabilise the child in their new care environment. A number of Kinship Care placements require adequate resources to ensure that placements are supported in a way that enables them to be successful, which should include therapeutic care models.

**K. Baptcare recommend:** increase (intensive) case management and support that can be provided to Kinship Carers where there has been escalated risks factors for a sustained period.

**3.5.5 How can placement instability be reduced and the likelihood of successful reunification of children with their families, where this is an appropriate goal, be maximised?**

Baptcare has been providing a small scale Foster Care Transport Program since 1996. The Foster Care Transport Program's primary aim is to facilitate regular, planned access visits to birth families and significant others for the children in care and, where possible, support parents of children in Foster Care, who have no available means of transport to access visits to their children. The program has demonstrated that; maintaining and strengthening positive relations between children in Foster Care and their natural families ensures continuity of placements and prevents placement breakdown. Many foster carers have three or four children of varying ages in care at one time, the ability to meet the transport requirements to ensure all children attend the broad range of appointments is a challenge. Often, just managing the school drop offs and pick ups along with the court appointments and meetings with child protection can be exhausting.

Baptcare has developed and submitted a business case to the DHS that proposes to build on the program's previous success and address implementation issues by providing an innovative solution that facilitates a region-wide expansion, ensures continuity of transport and frees up much needed staff capacity for out of home care providers across the North and Western Metropolitan Region of Melbourne.

**L. Baptcare recommend:** an extension of the funding and support for the development of the Foster Care Transport Program to become a state-wide program.

#### **Family decision maker/senior practitioners**

Baptcare has recently included the new role of Family Decision Maker/Senior Practitioner into the out of home care team; this is an experienced and knowledgeable worker, with key information about the family support system and the impact of family separation and trauma. The primary aim of this role is to keep families involved in the planning and delivery of their child's care arrangements. The Family Decision Maker steps in to support complex or at risk placements by acting as an independent mediator and facilitating family meetings, working with families to build their skills and confidence and encouraging them to make decisions about matters affecting the child's life. The role focuses on building on existing strengths in families and providing advice regarding best interests of the child to families and staff.

The inclusion of this role has greatly contributed to enabling continued involvement of parents in their child's lives and has enhanced opportunities for family reunification. It plays a pivotal in the success of many Kinship Care placements.

**M. Baptcare recommend:** That a Family Decision Maker position be funded and located at each CSO currently providing out of home care programs.

#### **4. The interaction of department and agencies, the courts and service providers and how they can better work together to support at-risk families and children.**

##### **4.1.1 Are current protocols and arrangements for inter-organisational collaboration in relation to at-risk children and families adequate, and how is the implementation of such protocols and arrangements best evaluated?**

The meeting point between the community service sector and child protection can be problematic. The disjunct between the two service sectors can cause tension when cases are being passed back and forth between the services, however, for families the impacts can be far greater. In recent years, the community sector has seen a transformation of work force

with increased professionalisation. The skills and experience of the community sector staff needs now to be embedded into the assessment system. The system requires a more fluent mechanism for transitioning cases to child protection where there is significant escalating risk.

The Ombudsman of Victoria report (May 2010) widely recognised the adversarial nature of the relationship between child protection and community service providers. This culture creates considerable tension between child protection and CSO's leads to poorer outcomes for families and children. There is an urgent need to attempt to challenge this negative culture by developing a positive and collegial model to working with vulnerable children.

**N. Baptcare recommend:** that for each case where a CSO is requesting a transfer of a family to child protection a written response from child protections which includes the case assessment needs to be provided to the CSO outlining the outcome of the case review and CP response in relation to taking the case. A copy of this report should then be automatically escalated to a senior Child Protect Team Leader in order that if the CSO requests a case review this can be undertaken expeditiously.

#### **Data management**

The data management and information sharing system need review. The client information management system (CRISSP) currently does not meet the needs of many CSO's; it does not allow CSO's to cleanly extract the information required by the department for case reporting. In response to the inadequacies of CRISSP many CSO's are undertaking considerable data management development in house at a high cost to the organisations to enable the control and planning that CSO's need to have of their working environments.

### **5. The appropriate roles and responsibilities of government and non-government organisations in relation to Victoria's child protection policy and systems.**

#### **5.1.3 What is the potential for non-government service providers to deal with some situations currently being notified to the statutory child protection service, and would it be appropriate for referrals to a service fulfil the legal responsibilities of mandated notifiers?**

As mentioned Baptcare has a lead role in the Tasmanian reform process which includes the ability for specified Community Service Organisations (Baptcare and Mission) to receive child protection notifications. This reform has completed the first year and a half of implementation and in this time we have seen positive early signs of significant change in the sector regarding the way vulnerable families are supported.

The introduction of Gateway has ensured that Tasmania has a robust referral and assessment system which reduces the likelihood of families slipping through service gaps and improved the integration and coordination of services available for families.

Importantly, Gateway utilises consistent documentation processes to complete comprehensive assessment of risk and need. Common assessment tools are used to assess both the immediate risk to the children as well as the support needs of the families and the two lead agencies work closely in developing and refining tools to ensure they are appropriate and able to provide a consistent data set to support State-wide planning.

However, the Tasmanian context varies from the Victorian, specifically:

- Each of the Victorian Child FIRST region's population is comparative to the entire state of Tasmania,
- The Victorian Child FIRST model has a disaggregated and complex lead agencies arrangement,
- There are many more partners participating in the Child FIRST alliance and as such this adds complexity and the Memorandum Of Understanding has been developed to support this intricate partnership arrangement.

**O. Baptcare recommend:** That prior to any changes to the legislative requires DHS works directly with the Child FIRST lead agencies as the potential primary contacts of the notifications.

## **6. Possible changes to the process of the courts referencing the recent work of and options put forward by the Victorian Law Reform Commission?**

### **6.1.1 What changes should be considered to enhance the likelihood that legal processes work in the best interests of vulnerable children and in a timely way?**

#### **Cumulative Harm Provisions**

One of the most significant changes brought in with the Every Child Every Chance legislative changes was the cumulative harm provisions. However, to date the family support sector has been able to make only limited use of these changes.

To date child protection has had limited success with court cases that involve information provided by CSO on cases involving cumulative harm or trauma based evidence. Greater strengthening of these provisions needs to occur to enable real changes to occur in a child's best interest.

**P. Baptcare recommend:** that sector wide training on cumulative harm needs to occur in partnership with the family court system to assist all parties to have the ability to build the evidence in cases where cumulative harm is evident.

#### **New model conference – mediation**

There have been a number of occasions that Baptcare has been required to attend the new model conference – mediation and from our perspective of these cases there has been an imbalance. All parties were both in attendance and were being represented by lawyers accept the child. In our opinion the attendance of lawyers removed the ability for a mediation to occur as it reduced the ability to negotiate and often it was the needs of the parents being put forward by the lawyers not the child's . The focus on the child's needs gets lost in the discussions

**Q. Baptcare recommend:** a continuation of cases conferences/mediation however mediators need to be better trained and the adversarial nature of the interaction should be removed by only permitting a child to be represented by a lawyer.

## Table of recommendations

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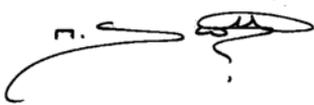
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A handwritten signature in black ink, appearing to read 'M. Scott', with a stylized flourish extending to the left.

**Marita Scott**  
**General Manager Family and Community Services**

**Reference**

McHugh, M., Mc Nab, J., Smyth, C., Chalmers, J., Siminski, P., and Saunders, P., The Availability of foster Carers (2004) Social Policy Research Centre, University of New South Wales.

Child Safety Commissioner Annual Report 2009-2010

Ombudsman Victoria Report: Own motion investigation into Child Protection – out of home care (May 2010)



**Baptcare  
Bendigo Homestart  
précis report**

**June 2011**

## **Introduction**

In response to issues raised by members of the Bendigo Baptist Church Baptcare undertook a market analysis of the family support programs in the Greater Bendigo Region. In 2008 in response to the findings of the market analysis Baptcare established a Home-Start Program in the Greater Bendigo Region. The report clearly identified a number of services gaps; those being Post Natal Depression and support for vulnerable families who did not reach the risk threshold for Integrated Family Support Services.

The Home-Start program was determined to be the most suitable program as it addressed the unmet needs of families in a community that were increasingly under stress due to social isolation and the severe drought conditions in the Loddon-Mallee area, without duplicating services that are already in place.

Home-Start is a cost effective program for providing intensive support for vulnerable families. The program engages volunteers to provide parenting support for families who are experiencing difficulties in childrearing and have at least one child under the age of six. Families get in touch with the Baptcare Home-Start Programs through health clinics, social workers, child protection services, and a significant number self-refer. Home-Start volunteers attend a training program in which they are taught to be supportive in a non-directive and nonjudgmental way, receive supervision once a month and attend a training day at least, once a year. Volunteers visit families once a week for two hours and offer a wide range of support including: emotional (e.g. listening to the family's concerns and issues), instrumental (e.g. entertaining the children), and informational support (e.g. helping mothers to find community services).

Baptcare elected to self fund the establishment of the Bendigo Home-Start Program as a way of expanding service provision into the Greater Bendigo Region and to support vulnerable families in the region. The Bendigo Home-Start Program has now been operational for three years and at this point Baptcare identified the need to assess the value being contributed to the community of Greater Bendigo and undertake planning for future program delivery.

The review assesses the impact the Home-Start program has had on the participant's lives for the life of the program. It is a critical review and not seen as a longitudinal study.

The following stakeholder groups were included in the analysis and feed into the review findings:

- Program Participants (both current and complete)
- Program Volunteers
- Local Community Support Program Providers
- Government – Program providers

As the time available to complete the analysis was limited, effort was paid to ensure adequate engagement with the major stakeholders. Through the stakeholders analysis a subset of participants were engaged to undertake face-to-face interviews to gain a deeper understanding of what changed for them. Simultaneously, all participants and volunteers were surveyed to gain an understanding of the prevalence of these changes.

Engagement of the participants and volunteers was prioritised, since they are the groups going through the process of change and personally benefiting from the activities of this program. The aim of the Project Team was to conduct all interviews face to face in Bendigo and this was possible for all clients and volunteers. However, due to unforeseen difficulties a small number (3) of the other Community Support Service Providers were unable to attend the face to face interviews therefore follow up phone calls were made.

Stakeholder Group	Size of group	Number consulted	Number of returned surveys
Participants – current	24 – broken into: 6 with less than three months contact, 12 with between 3 months – 1 year, 5 between 1 – 2 years, and 1 more than two years.	3	2
Participants – completed	30 – broken into: 13 less than 6 months engagement, 15 6- 18 months engagement, 2 with 18 plus months	1	3
Volunteers – current	30	3	10
Volunteers – concluded			
Participant Wait List	17		1
Other Community Support Service Providers	4		

## 1 Description of Outcomes

### 1.1 The Theory of Change by Stakeholder group

All of the program participants interviewed found the process difficult as it took them back to a time in their life's where they were very fearful of the impact of their failure to parent on their children and in most cases quite depressed. The participants expressed gratitude to the Home-Start program for being there in a time of need and this was a primary driver for them participating in the review process.

The theory of change is a description of the participant's objectives, inputs, outputs and the outcomes. This section describes the theory of change for the participants of the Home-Start program with an emphasis on the outcomes.

#### Program Participants

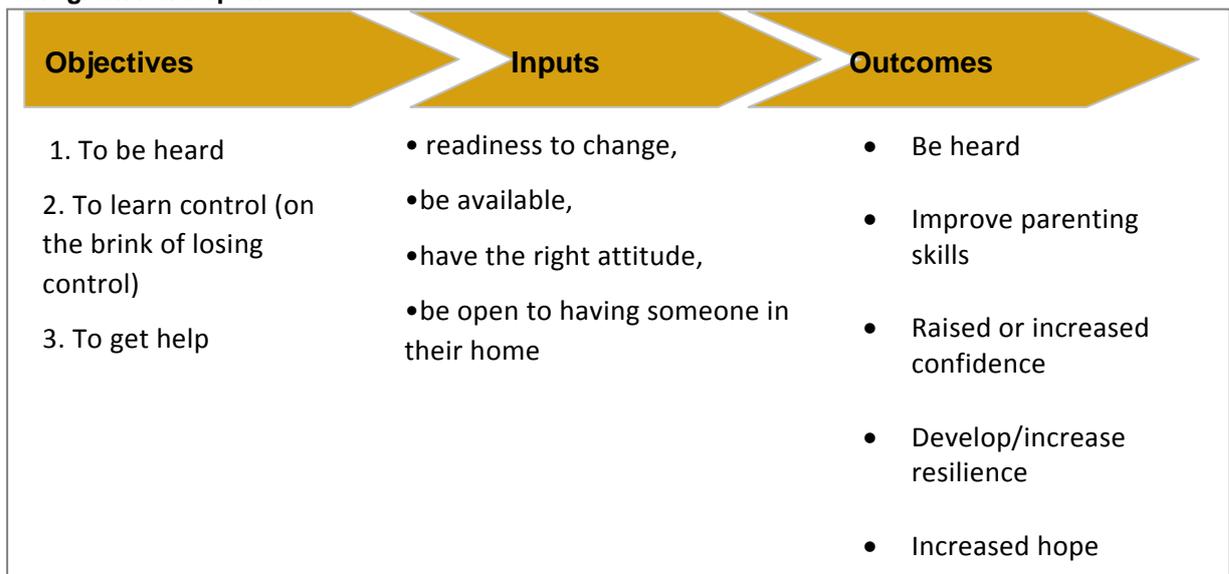


Table 2.

#### Objectives

Post interviews it became clear that participants had three common objectives for joining the Home-Start program in the first instance and, these were:

1. To be heard – all participants were seeking an intervention or some form of help. They all talked about reaching a point of desperation where they did not feel they could go on unaided.

2. Learn control – all of the participants described a belief of being on the brink of losing control. It was articulated that if they continued on unaided there was an imminent risk to their child's health or wellbeing.

3. Get help – all the participants were new to the Bendigo community. They described feelings of isolation and having no one to turn to for help. The participants experienced a sense of isolation for extended periods of time. There were often stories of loss of extended family and both mother and children having no contact with mother/grandparent roles.

### **Inputs**

All participants felt that the success of the program relied on their participation in a number of areas:

1. being ready to change,
2. being available
3. having the right attitude
4. being open to having someone in their home

There were no outputs for the program participants.

### **Outcomes**

The interviews exemplified a number of consistent outcomes that were shared across the group. The range of examples that demonstrate these outcomes vary, however it is clear that to different degrees all participants achieved each one of the following outcomes:

1. Be heard
2. Improved parenting skills
3. Raised or increased confidence
4. Developed/increased resilience
5. Increased hope

The outcomes may seem of little consequence to many people but the participants describe them as life changing. Many participants talked about, for the first time of having positive interactions with their children and partners, feeling valued and not judged and over time starting to engage with the local community.

The first two outcomes, be heard and improved parenting skills, are achieved in a relative short period of time. Evidence provided by the participants periodic surveys indicate that clients who have engaged with the Home-Start service display these outcomes.

#### *1. Be heard*

Many of the participants talked about reaching a crisis point; a specific day where they resolved to find help. They talk about the early time before coming into contact with the program as “dark days” and in contrast the Home-Start program was “the light at the end” of that process. However, as the Bapcare Home-Start program is very small and is not integrated with other family support programs therefore finding out about the program was quite a challenge for participants. The participants talked about ringing every service they could find to outline their circumstances and request help. In all cases the outcome of these calls was a unanimous failure to engage with a service or find any assistance. The responses clients received when trying to access services included: did not meet the threshold for child protection or crisis programs, were not eligible for this specific service or their case was not serious enough for intensive services. All the participants were falling between the gaps as they did not meet their specific access criteria.

*For example; Jenny had escaped a violent relationship and had just moved into Bendigo*

“I spent one whole day ringing and ringing everybody for counselling and support. Due to my heightened fear I wanted someone to come to my house to support us”. By the end of the day I had rung every number in the phone book and did not find a single service that could assist us, it was very distressing. I felt lost!

Days later I heard about Home-Start from someone from a church, it was such a relief when I placed that call and immediately had confirmation of a home visit”.

## *2. Improved parenting skills*

One of the most fundamental changes articulated by the Home-Start participants that were interviewed was the considerable improvement to their parenting skills, which overtime has had a profoundly positive effect on their relationships with their children and other family members. The parenting skills that were consistently developed included: the ability to recognise their own heightened stress, positive discipline techniques, communication, language development and the importance of play.

*For example: Veronica demonstrated a range of improvements.*

“In the past I used to hit my child (and quite hard) with the hope that it would change his behaviour, now I respond to my children in a calm and clear manner. This is how I try to communicate with all of my family members”.

### *3. Raised or increased confidence*

The participants also talked a lot about a growing sense of confidence and capability that they can draw on to get through the things that life throws at them. There was an increased knowledge of what is available in the local community, the types of supports that they can access but more importantly they are aware of how to get the best out of programs and supports rather than being a passive receiver of services.

*For example:*

“I get out of the house now; I can take my child to the library or the park, do the grocery shopping or even go and sit in a café to have a coffee. This is so much better than what it used to be like, stuck in the house all day; I will never go back to being like that again.”

### *4. and 5. Resilience and Hope*

The difference in the responses between what would have happened to them if there had been no Home-Start program compared to a future project of where they will go was profound. There was a great sense of hope for a more positive future. The participants saw value in striving to keep their children engaged in children’s services programs such as getting their children to playgroup every week even if it meant catching multiple buses. They saw value in being able to respond to issues as they arose rather than living from one crisis to another.

*For example:*

“I have a greater sense of my capacity and the ability to respond to issues as they arise in the future”.

All participants talked about how they felt about their time in the program ending. They reported feeling sorry to see their contact with the program come to an end however, they believed that they would be better able to cope on their own and that there were other women out in the community who needed the program more than they now do.

These positive statements sit clearly against the answers being provided to the questions of what would have happened to you or your family if you had not used Homestart.

For example:

'If there was no Tuesday to myself then their might not be my kids'.

'I would not have been able to cope, I would have left this house and gone back to live with my parents and felt a great sense of failure as an adult and I would have failed my daughter'.

'I question where I would have been at mentally, having twin babies would have driven me nuts, I hate to think where I would have been'.

'I would have been very depressed and could have ended up in a bad way and I would have ended up hurting the children'.

The following table shows the data and evidenced gathered to validate the outcomes and experiences of the program participants and volunteer stakeholder group's.

Outcomes	Indicator	Data Access	Included in SROI Ratio
<b>Stakeholder 1</b>			
Be heard (valued)	The number of families that report positive change at 6 monthly survey and beginning and end	✓	✓
Improve parenting skills	6 monthly self reported change survey and pre start survey. 6 monthly volunteer review survey	✓	✓
Raised or increased confidence	6 monthly self reported change survey and pre start survey. 6 monthly volunteer review survey	✓	✓
Develop/increase resilience	6 monthly self reported change survey and pre start survey. 6 monthly volunteer review survey	✓	✓
Increased hope	Pre and post exit interview/survey with the adult hope scale.	✓	✓
<b>Stakeholder 2</b>			
Expanded their minds and perception of others.	# vols who self-report a change in their perception of others (attitude)	✓	✓
Increased/developed confidence to advocate for those less fortunate and themselves.	# vols who do something for others or themselves (behaviour)	✓	✓
Increased ability to develop themselves.	# vols start a new career # vols make new friends	✓	✓

## **Demonstrable change to client's trajectory**

As demonstrated 87% of the Home-Start participant's experienced significant improvements in the areas of parenting practices, being valued and having increased confidence, resilience and hope. These are great outcomes for each participant, their children and their families. However it is the synergistic nature of these changes where the true impact can be seen. The participant families shared a range of presenting issues when first engaging with the Home-Start Program, these are:

- Socially isolated (new to the community)
- History of domestic violence
- Financially stressed
- Mental health issues
- Single parent, multiple births or large families

When looking at the Victorian child protection notifications there is clear evidence that families presenting with these same concerns are far more prevalent in reported child maltreatment cases. Coohy (1996) identified a large set of variables linked to the parent's perception of support, and their informal and formal networks as factors in children's maltreatment, the research highlighted that neglectful mothers had fewer network members, fewer contacts, fewer members living within one hour, and received fewer emotional and instrumental resources.

Turner R. J. and Avison W.R. (1985) used often reported demographic factors that most commonly exist in cases of maltreatment; single, young, mother from a lower social economic background to identify other social emotional impacts on maltreatment. They found that the biggest contributors were; social support, life stress and lack of personal control.

Vast evidence exists to show that in homes where domestic violence occurs, children are physically abused and neglected at a rate 15 times higher than the national average (Senate Hearing 101–939, 1990). Stark and Flitcraft (1988) examined medical records of 116 mothers in a hospital setting who were referred for child maltreatment, they showed that 45% of the mothers' medical records either indicated or suggested that they had been abused at some point in their history. This study was replicated at a Boston hospital where the researchers found that the rate was 59% (McKibben et al., 1989).

## **Cost comparison**

The data presented below describes the annual expenditure by the Victorian Government departments on responding to identified risk of child abuse and neglect or the actual occurrence of child abuse and neglect.

*Table 8. Victoria*

Period	CPS	OOHC	IFSS
2005-06	\$113,738,000	\$215,108,000	\$20,618,000
2006-07	\$118,808,000	\$221,612,000	\$24,860,000
2007-08	\$125,914,000	\$235,458,000	\$43,932,000
2008-09	\$144,550,000	\$267,049,000	\$54,667,000
2009-10	\$153,869,000	\$292,229,000	\$57,430,000

Source: SCRGSP (2011), Table 15A.1

Note: Dollar figures for 2005-06 to 2008-09 are adjusted according to inflation to 2009-10 dollar figures to allow for meaningful comparisons of changes in real expenditure. For more information about the cost of child abuse and neglect in Victoria, refer to Department of Human Services (2010).

In comparison the cost of the Home-Start program is \$136,700 per annum and this investment supports 30 families and 75 children annually.

The cost of doing nothing is substantial. Bromfield (2011) highlight that the costs associated with long-term effects of child abuse and neglect make the prevention of child abuse and neglect a priority because of the social costs of child abuse and neglect and the imperative to prevent children from experiencing its devastating effects.

## **Conclusion**

At the time of first contact with the Home-Start program the trajectory of service involvement and the intensity of the participant families' concerns were significantly elevated and in some cases bordering on the risk threshold for Integrated Family Service intervention and Child Protection involvement. However, at the conclusion of the families time with the Home-Start program the changes we truly profound. Many of the Home-Start families experienced transformational change; at the commencement of the program they spoke about dark days where as they all expressed hope for their future and a confidence in their role as a parent.

Baptcare has a strong commitment to social inclusion and building caring communities for all. The Home Start Program in Bendigo is an example of the organisations commitment to benevolence and 'going beyond funding' to empower people.

## References

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