



Good Policy

NEWSLETTER OF GOOD SHEPHERD YOUTH & FAMILY SERVICE SOCIAL POLICY & RESEARCH UNIT

Opening the door to better family services

Conversations about how we are delivering services to families are more important than ever, particularly with Victoria's policies relating to family support undergoing major changes.

We hope that the articles in this edition of *Good Policy* will contribute ideas, reflective comment and evidence to these conversations, promoting reforms that support good practice.

Services must continually stretch to meet evolving community needs and adapt to changing government expectations, and the current reforms represent a more dramatic change than usual. As an organisation delivering a range of family support services in and around Melbourne, we are keen participants in practice improvement. A holistic, ecological approach to intervention is needed, whether within the integrated ChildFIRST system or in other services we offer such as parenting support for groups of young or newly arrived mothers, respite care for families, or early childhood education in a disadvantaged neighbourhood.

The vision for reform in Victoria's Department of Human Services is a good one, and Marilyn Webster's article argues for this vision of inter-connected services to be translated into a system which can realistically deliver on these goals. Many of the themes of the reforms are further explored in the subsequent articles.

Susan Maury considers one aspect of getting the details of reform right in her article on experiences with the client-based funding framework in disability services. Administrative decisions can have a profound impact on program implementation, and must be carefully considered as part of the whole. There is an assumption within disability services that parents are without a limiting disability themselves, but in the family support sector 'needs' tend to reverberate through the family and are not restricted to one family member.

New family support needs are continually being identified. Adolescent violence is an emerging social phenomenon, but may be indicative of other issues which have remained latent, and indeed may be a symptom of past family

violence system failures. Abby Horsburgh's article explores the blame that often takes place in response to adolescent violence in the home, as well as more effective, holistic service responses. This emerging issue straddles several service domains and so is an excellent example of the importance not only of an appropriately aligned theory of change, but also of the 'no wrong door' approach. Family support services, family violence responses, and young people's services are all called upon to respond.

Patricia McNamara's article looks at another identified need that still lacks a comprehensive service response. Respite care provides critical breathing space for both parents and their children when they are in high-stress situations. Research indicates that individuals who have high negative affect are less able to make strategic, long-term decisions. Respite care is a proven method of reducing stress, contributing to improved well-being, and allowing other forms of intervention to be more effective.

With increasingly complex needs, it becomes more important that services are agile, with strong communication channels and the ability to co-ordinate and co-operate across sectors. Currently the service system can be unwieldy; individuals and families can get 'lost in the machine', at high individual and social cost. The social network research conducted recently at Good Shepherd Youth & Family Service and discussed in my own article provides insight into how organisations interact and what encourages healthy referral networks. These insights, such as the importance of establishing and maintaining formal networks, and of understanding which specialised services to bring into particular referral networks, may promote more effective implementation of the family support reform agenda under way in Victoria.

Kathy Landvogt
 Manager, Social Policy Research,
 Good Shepherd Youth & Family Service

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From service hubs to 'no wrong door' making sense of services systems

by Marilyn Webster

Director of Research and Social Policy, Centre for Excellence in Child and Family Welfare

The Victorian Government has embarked on significant systems reform in the human services through its introduction of **Services Connect, currently piloting in Dandenong and Geelong/Barwon South West.¹**

Service integration has been a long-standing challenge for public policy; the program model documentation ('The Case for Change') accompanying the announcement references an 1859 concern about fragmentation of the services provided by the Victorian Public Service. The Australian Government has also embarked on a service integration reform project bringing the Department of Human Services, Centrelink and Medicare together into one department².

As well as being a recurrent theme in Victorian public administration services, integration has been a primary focus for other jurisdictions, particularly for the aged and health care sector. In Virginia (USA), for example, service integration for aged care services has seen the formation of local area-based service networks across the government, not-

Services Connect is embedded in the philosophy of social inclusion, recognising that disadvantaged consumers are particularly impacted by fragmented government services because they are likely to have multiple access points.

for-profit and private sectors to provide older adults and adults with disabilities with comprehensive information and streamlined access to available long term supports through collaborative partnerships and shared technology.³

These principles have also been applied to service systems for children and families. In 1984, the United States Congress created the Child and Adolescent Service Systems Program (CASSP), which was made available to states to develop a 'systems of care' approach to children and families. Systems of care is formally defined as "a comprehensive spectrum of mental health and other necessary services which are organised into a coordinated network to meet the multiple and changing needs of children and adolescents who are severely emotionally disturbed and their families".⁴ Families First in New South Wales (1999) and Child FIRST and the Integrated Family Services systems reforms in Victoria (2002 to 2007) are obvious parallels, but do the reforms of Services Connect represent the fundamental next step in services integration? And if so, to what benefit?

The drivers of change

As well as the client-focused goals to reduce service fragmentation and simplify complex services systems, two other developments which have propelled system changes to service delivery are:

- increased efficiencies in human services provision in the context of an ageing community, a proportionally reducing active workforce and operating with finite resources, and
- utilising the increasing capacity and potential of information technology to manage work flow and resources, link virtual organisations and systems,

and provide focus on measured client outcomes.^{5,6}

The objectives of change

Services Connect is embedded in the philosophy of social inclusion, recognising that disadvantaged consumers are particularly impacted by fragmented government services because they are likely to have multiple access points. Additionally, it recognises the role of government services in increasing client capability to participate in education and employment. Although the services to be integrated in the reform are not education or employment services per se, they are to be placed alongside the personal support services for which the Department of Human Services is responsible.

The Victorian reforms objectives are not overtly identified in the documentation. However, the challenges of service delivery are stated, and can be summarised as:

- The system is fragmented with poor communication channels.
- There is a program focus instead of a people focus.
- The workforce is constrained in silos.
- Holistic service delivery is not compatible with the current program-centred structures.
- The focus is on immediate presenting problems at the cost of holistic early intervention, which may prevent further need for service.
- The current system may encourage 'dependency'.

to social inclusion: reform in the human services

- Effort is not targeted to the right people – tailoring support to the particular needs of people from ‘light-touch’ support though to intensive case management “would achieve better outcomes for people with the same resources.”⁷

The Australian Government’s service delivery reform for the Department of Human Services has three primary objectives:

- to make people’s dealings with government easier through better delivery and coordination of services
- to achieve more effective service delivery outcomes for government by developing an agile service delivery system, and
- to improve the efficiencies of service delivery by ‘integrating’ and ‘automating’.⁸

The change

Characteristics of current services reform processes envisaged in Services Connect but which are also reflected in other reform processes are:

- **Targeted effort in intervention.** The managed support model envisaged in Services Connect incorporates different intensities of support provided by the service – from managed support for a high needs family or individual with multiple inputs, to guided support that is moderate in intensity, and self-managed support where intensity of input is low (e.g. information giving). The service levels envisaged for the Australian Government reforms (Service Delivery Reform) has four tiers of intensity of service: self-managed, assisted, managed and intensive. Such an approach has potential for improving efficiency

of services, for improving efficiency of funding and for fine-grained determination of eligibility for service.

- **Standardised intake and assessment tools and processes across service streams.** Standardised intake tools are already well developed across government and community service organisations in some program streams. They can ensure accurate assessment of need while also ensuring accurate determination of eligibility for service. Standardised intake tools can also, where aligned with information technology, be the basis for the ‘one client one file’ approach.
- **A no-wrong-door approach where all services can be accessed irrespective of entry point.** No wrong door approaches to service integration have been in existence for some time at a local level, so are not unique to the Services Connect program model. An example is the Ovens King Community Health Service/Central Hume Primary Care Partnership where a multi-agency platform was developed in 2006 for integrative work.⁹ Advantages are encapsulated by the catchy slogan ‘consumers telling the story only once’.
- **End-to-end service provision.** In this term, borrowed from the technical realm of information technology networking, end-to-end service provision conveys ideas of simplification of service pathways, removal of middle blockers and encompassing clear pathways out of service irrespective of the service providers involved. No matter how complex the network, it can be easily negotiated by users and purchasers of services.

- **One client file.** Information technology allows one client file across a range of services and interventions. One client file will aid better communication between service providers, allow better profiling of services used by the client and, in the long term, better needs assessment and better service planning.
- **A workforce with intervention skills which encompass a range of specialisation.** The case manager has a particularly important role in this formulation, brokering services and support from other providers, especially where specialist intervention and support is required. The case manager role is crucial to the targeted tier of intervention, serving as the broker and the gatekeeper to intensity of service.

Ensuring the reforms work for clients and communities

Area-based service provision and planning, service integration and clear service pathways are essential if services are to be accessible for consumers. Knowledge of the nature of the local network and service pathways is essential to designing and implementing an effective service.

The recent work by Kathy Landvogt of Good Shepherd Youth & Family Service on local area services networks for financial inclusion services applies a methodology for mapping human service networks (see companion article). This information is essential to understanding the density, structure and quality of existing community-based services and their networks, and for understanding existing service

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pathways. With this information, effective strategies can be developed for how both the services themselves and the current referral pathways may be improved. Mapping human services networks can assist in determining integrative strategies but also in mapping the effectiveness and impact of service integration strategies, which in turn ensures systems reforms meet the stated objectives.

As a first critical step to prepare for upcoming changes, area-based service networks should begin mapping existing service pathways and adopt strategies for further service integration. This is especially important if service integration reforms are to be implemented simultaneously with major shifts in policy around purchasing or contracting arrangements. Failure to ensure this could mean major service disruptions. This could result in more complex service pathways or services which go missing at the local level.

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Mapping service links

by Kathy Landvogt

Manager Social Policy Research,
Good Shepherd Youth & Family Service

The reforms currently underway within the Department of Human Services (DHS) will change the way that social services are delivered within Victoria, as explained in Marilyn Webster's informative keynote article.

A critical component of successful outcomes will be effective collaboration to provide seamless, integrated services to families; this will require strong regional communication links and partnerships across agencies. Social network analysis offers important opportunities to document and quantify the links between services, and to explore which organisational attributes support flourishing networks.

This article describes a study undertaken by Good Shepherd Youth & Family Service to map organisational connections using this unique research process, which could be employed to assist agencies prepare for upcoming reforms. We were primarily interested in the question "How can the services for people who are struggling financially be more effective?" This research was supported by FaHCSIA² which funds the Financial Management Program (FMP), which includes emergency relief, financial counselling, microfinance and financial education services.

The context of this problem is multi-faceted. Both the concentration of disadvantage within certain individuals, families and communities, and the coexistence of multiple types of disadvantage are forcing us to re-think service approaches. At the same time our increasingly complex social, economic and governmental structures have created an ever more complex social service system to be navigated. A person could appear at any service door needing support but unsure which service within the complex service system can best help them. We know that at times the referral systems fail and people fall through the gaps.

The 'no wrong door' concept is being proposed in a number of government policy frameworks as a solution to this constellation of needs, funding constraints, and service realities. Supporting constructs include cross-sector case practice, area-based integrated service planning, and the service collaboration and integration continuum. Most recently, the Victorian DHS has articulated this framework in their response to the Protecting Victoria's Vulnerable Children Inquiry, seeking to ensure that 'the first door is the right door' through local area-based service connections. Other service frameworks promoting collaboration in Victoria include the Family Violence Integrated Service System, ChildFIRST integrated family support system, and the 'Opening Doors' framework for homeless services. Integrated service systems such as these have received considerable investment from both government and service agencies, in response to the severe consequences of system failure for the families and individuals in need.

These system design responses can be described as situated on a continuum of service collaboration types. One popular framework describes this continuum as starting with networking at the lower level, and proceeding through coordination, cooperation, collaboration, and finally to the highest level, integration (Konrad's 1996 typology cited Flatau et al 2010, 11³).

Methodology

Behind our research project was the premise that FMP services, similar to other service sectors, need to be

in search of 'no wrong door'¹

better 'integrated' in order to assist their clients. At the same time the solution needs to be both affordable and feasible. The research aimed to understand how local FMP service links are configured, how they maximise wellbeing, and what assists them to link with each other and with other services. In addition to the four FMP service types, we also investigated the role of Centrelink's local social workers in FMP networks, as our previous research had told us that they form a vital part of the service system for vulnerable clients. We studied five types of links between services: two were client-focused (referrals and secondary consultations) and three were organisational (co-location, partnership, and formal network membership).

We were also interested in understanding how networks might vary between different types of geographic areas. Four case study areas were chosen to capture this diversity, representing inner urban (Yarra area), outer urban (Western Sydney – Blacktown area), rural/regional (Cairns and hinterland), and remote area (Thursday Island) geographic types respectively.

Phone interviews used a three-part questionnaire to gather information about the service (descriptive data), its links (quantitative network data), and the participant's views about local networks (qualitative data). The data analysis combined quantitative network analysis using 'UCINET' network analysis software, qualitative analysis using thematic analysis and case studies, and consultations with participants about the initial results.

Conducting a social network analysis required some expert advice⁴, but had a number of advantages: quantifying what is usually qualitative, providing correlations between network links and service attributes, and effectively representing complex systems. The total numbers within the service networks are large, and network analysis allows this to be clearly presented. While we can look at 'patterns' in the network maps and make visual comparisons of clusters or weaker links, it is very important to note that we also need contextual qualitative information to interpret network maps.

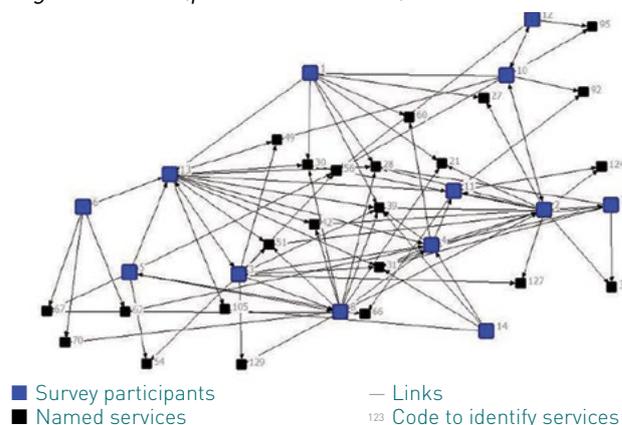
Network maps

Network maps can uncover a number of features within the FMP service system and I will outline a few of these, illustrated with relevant network maps.

FMP services are more linked to non-FMP services than to each other. A pattern of greater interaction with a cluster of non-FMP services than with other FMP services emerged, as seen in Figure 1. This reflects the needs of people accessing financial support to access a wide range of other services, and supports the 'no wrong door' approach. (In this map

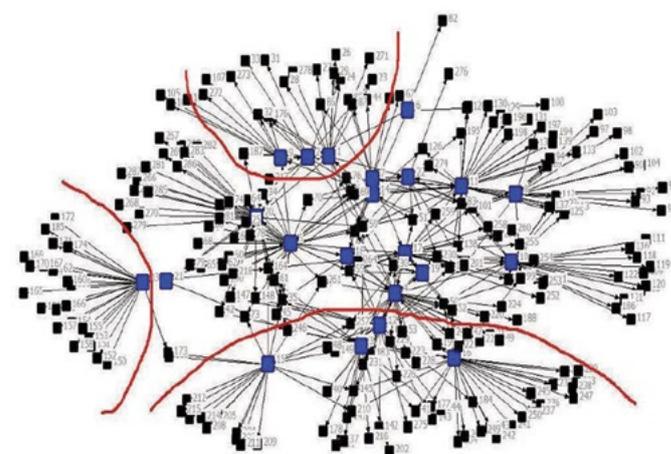
the organisations that were mentioned only once, called 'pendants', were removed from the network.)

Figure 1: Yarra (pendants removed)



FMP services are strongly linked to their geographic location. In Figure 2, organisations are clearly clustered on the basis of geographic location, indicating that FMP services operate within dense local networks, with weaker links outside the immediate area. The red lines imposed on the map indicate geographical clusters.

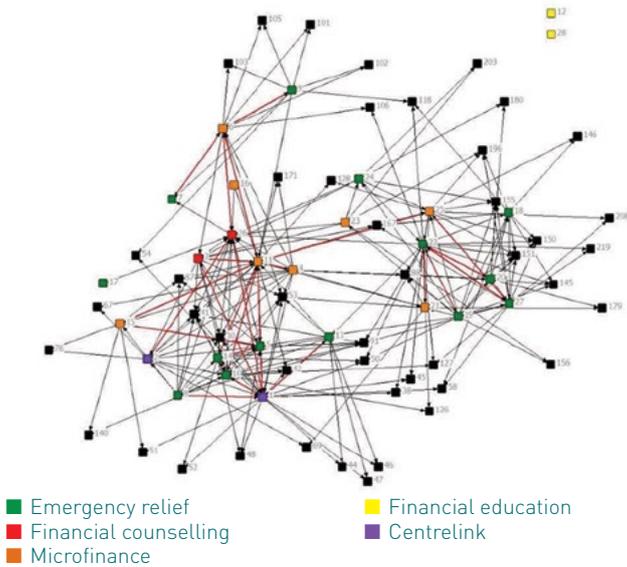
Figure 2: Western Sydney, Blacktown: all organisations and all links



Reciprocal ties indicate stronger links. 'Reciprocal ties' in network mapping are mutually named links. These are particularly interesting because the literature on network analysis suggests reciprocal relationships indicate greater trust and collaboration. Furthermore, the service literature emphasises the importance of trust in service collaboration.

Mapping service links in search of ‘no wrong door’ (continued)

Figure 3: Cairns area: reciprocal ties (pendants removed)



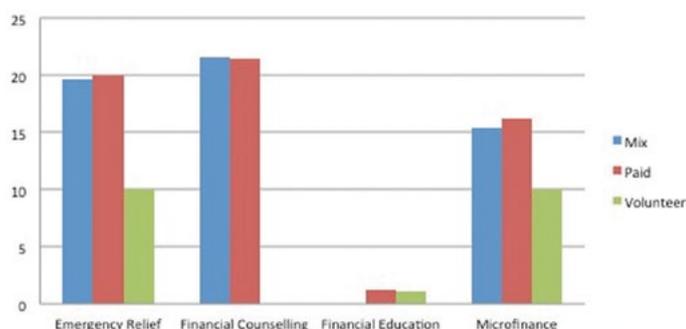
Network maps are best used to ask questions, not to draw conclusions. These maps require contextual information to avoid oversimplifying the interpretation. For example, there are sound program design reasons for the lack of links from financial education providers to the other services, demonstrated in Figure 3.

Correlations

To help answer the question ‘what increases links and reciprocal ties?’ the UCINET software can quantitatively explore the relationship between specific attributes of a service and its number of links. Below are some examples.

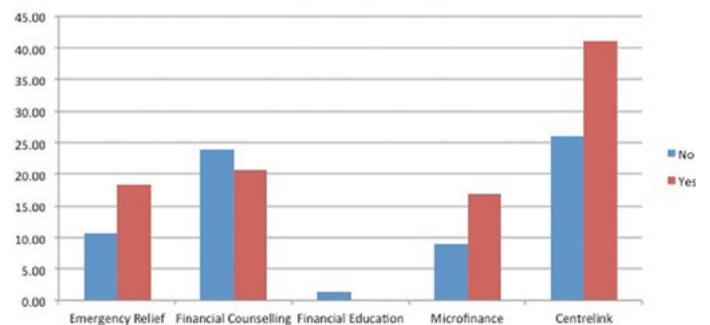
Paid staff are important to networking. Many emergency relief and microfinance services operate without funding for paid staff, yet are expected to be effective as referral agencies. The graph below shows that paid staffing or a mix of paid and volunteer staffing are associated with more links than volunteer-only staffing.

Figure 4: Staffing model correlated with links for each service type



Formal network membership is strongly correlated with informal client-focused networking. The graph below shows that mutual membership in formal networks is strongly correlated with the number of FMP referrals and secondary consultations, that is, ‘client-focused links’ (financial counselling services are the exception). This suggests that formal networks and the informal networks constituted by referral and secondary consultation contacts are mutually reinforcing. This is also supported by the qualitative data and case studies.

Figure 5: Formal network memberships correlated with links for each service type



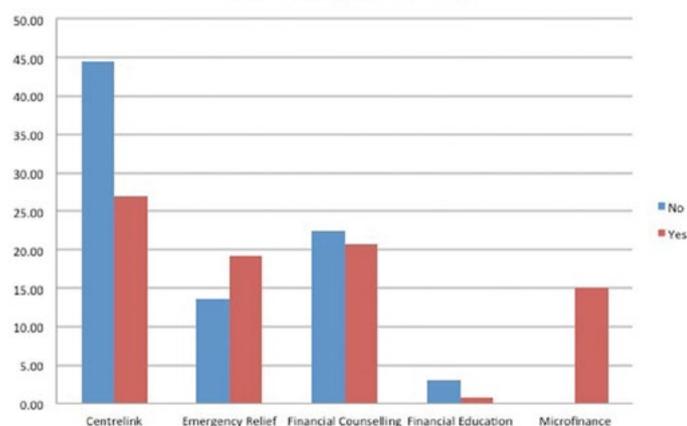
As the role of formal network memberships appears to be significant to ‘no wrong door’, formal network membership was also mapped. There are dramatic differences across the case study areas. In Yarra there were no common networks reported by FMP providers.

In Western Sydney one large inter-agency network based around Blacktown and largely attended by managers was dominant, whereas in Cairns several sector-specific networks attended by the direct service practitioners linked the services comprehensively.

Taken together, the evidence of the graph and the network maps suggests that while formal network membership is important to referrals and secondary consultations, these formal networks cannot be assumed to flourish without adequate policy and practice attention.

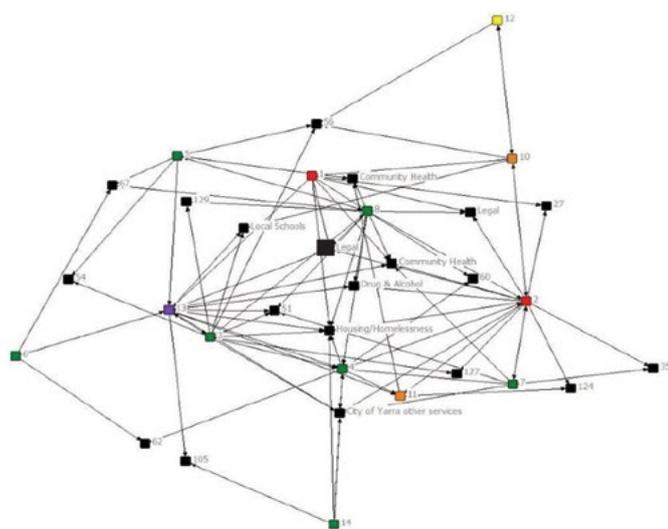
Unlike formal network membership, co-location is not statistically correlated with informal client-focused networking.

Figure 6: Co-location correlated with links for each service type



However, Figure 7 confirms that some co-locations can be very effective in supporting service networks. For example, the Collingwood Neighbourhood Justice Centre is a ‘one stop shop’ that appears at the centre of the Yarra network map (see the emphasised black node) and case study data showed that this results from an explicit collaboration model.

Figure 7: Yarra (pendants removed), centrally located non-FMP services



This example reinforces the importance of contextual qualitative data. Overall we conclude that, while co-location can provide a good basis for developing service networks, it is neither a necessary nor a sufficient condition for strong client-focused service links.

Selected specialist services are central to client-focused networks of FMP services. As illustrated in Figure 7, a handful of service types are typically positioned in the centre of these maps. These services are: housing, community health, community legal, alcohol and drug, and family violence. This demonstrates that FMP services are indeed functioning as a ‘door’ for holistic responses to the complex needs of people seeking financial support, and informs us about which of these services are critical. Links across sectors, as well as between FMP services themselves, are clearly important. Qualitative data provides examples of formal networks facilitating both types of links.

Conclusion

To sum up some of what we have learnt from this research about networks in the FMP sector:

- Services deal with considerable complexity and large numbers of links.
- The effect of distance is noticeable. The Cairns area had the greatest number of links relative to the number of services – that is, the densest networks – and this was attributed in part to the effects of distance.
- Local organisational factors, such as the staffing model, are important to networks.
- Co-location is not a necessary or a sufficient prerequisite for higher referral network links. However, it can promote better networking.
- Effective networks span a broad range of services, increasing the ability of any one organisation to successfully link clients to appropriate services.

There were many lessons learned in applying social network analysis to service organisations. Overall we found it a fitting methodology to study networking as a form of service collaboration. It allowed us to quantify what is usually qualitative, as well as to explore correlations between network links and service attributes. Importantly, network analysis allowed us to study ourselves, the service systems we are part of, and how we could do better in ensuring those with complex needs do not fall through the gaps.

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- 4 I wish to acknowledge Dr Damon Alexander of University of Melbourne for his expertise and support in the research design, data entry and analysis phases.



Client-based funding: supportive of best practice?

by Susan Maury

Social Policy Researcher, Good Shepherd Youth & Family Service

Is client-based funding likely to fulfil its promise to families?

One of the recommendations to come out of the Report of the Protecting Victoria's Vulnerable Children Inquiry is that "funding arrangements for statutory child protection and family services be delivered through CSOs¹, including:

- increasing the flexibility of funding arrangements through greater use of client-based funding for out-of-home care, and
- referring the design of a client-based funding approach to the Essential Services Commission".²

This recommendation comes directly from a Joint CSO Submission to the Inquiry, which states in part, "[C]lient-based or person-centred funding approaches are already in place in Victoria in the ageing, disability and home care sectors, and the experience of these sectors provides insight into the effectiveness of alternative and tailored responses".³ This article provides some critical reflection into the experiences of the disability sector in Victoria with their client-based funding systems.

Client-based funding in the disability sector

The Federal Government provides two distinct but similar models for early intervention services to children who are diagnosed with a specified disability. The Helping Children with Autism Package (HCWA) was initiated on 1 July 2008, and provides \$12,000 total funding until the child reaches the age of 7, with a cap of \$6,000 spendable per year. The Better Start for Children with Disability (Better Start) funding was initiated on 1 July 2011, and is directed to children with a range of diagnosed disabilities (inclusive of Down Syndrome, Cerebral Palsy, and some vision or hearing impairments, among others). Better Start funding includes the same amounts and restrictions as HCWA. Once a parent has registered their child, they can direct their allocated funding to a range of professional therapists who are registered with the funding package. Parents select a therapist or service provider from the list; the service provider then bills the funding broker (FaHCSIA⁴) monthly for by-the-hour direct service provided.

So how is the system working? Nobody disagrees with the strategy of targeting funds for early intervention, as this supports the current evidence base. Earlier is always better; the social return on cost is very high, and the funding theoretically provides a more level playing field for parents who span the socio-economic spectrum and experience a range of potentially marginalising factors. However, the structure of the funding poses some concerns.

Over the course of the last 30 years, disability services have moved from a deficit model to a social model of understanding and responding to disability. Kennedy et al (2010) state: "The 'deficit' model views disability as a feature of the person... which requires treatment or intervention, to 'correct' the problem with the individual. The social model of disability sees disability as a socially-created problem due to the attitudes and other features of the society that do not accommodate the individual with a disability... These developments in thinking suggest that society should be providing appropriate levels of support to enhance the lives of people with disabilities, rather than requiring them to develop certain skills and behaviours in order to participate inclusively in relationships and community settings."⁵ As a consequence, a holistic, ecological approach to early intervention is considered best practice – one in which a key case worker develops a trusting relationship with the child and family, working closely with them to ensure the parents have the skills and abilities to effectively nurture the child. Optimum outcomes are to see the child achieving age-appropriate developmental milestones and experiencing full social inclusion, with the ability to confidently serve as their own advocate.

A disconnect of underlying theory leads to an undermining of programmatic goals, which becomes visible only over an extended period of time.

However, academics and practitioners in the sector suggest that these funding models are severely undermining best practice. Val Johnson (Senior Manager, Services, at Noah's Ark and President of the Early Childhood Intervention Australia VIC Chapter) states unequivocally that this funding model is "a 30-year throw-back to child-focused therapy rather than family-centred practice." Dr Pauline Nott (Research, Assessment & Education Manager, Taralye, and Research Fellow with CRC-HEARing and University of Melbourne) concurs: "Better Start funding encourages privatisation of services, which leads to service fragmentation, reduced flexibility and responsiveness, lack of care co-ordination, and a sense of competition between professionals and agencies. It discourages collaboration, reduces the role of practitioner knowledge, and puts the parents in the role of case manager."

Early Childhood Intervention Australia, the peak body for early intervention organisations providing services to children with disability and their families, has outlined the following concerns for the client-based funding model⁶:

- **Move to a fee based model.** This model puts parents in the role of managing and directing how the funds are spent at a time when they are experiencing grief at having their child newly diagnosed, and without the skills and professional knowledge of a case worker. Although parents know their child and family situation best, they are poorly equipped to understand the theory and application of early intervention and its current best practices, and therefore how to best direct the funds for maximum outcomes.
- **Move away from best practice.** This system supports a child-centred response rather than a family-centred practice which takes a more ecological approach.
- **Potential barriers for some families.** Families must have strong capabilities in self-advocacy, research, decision-making, and administration. These requirements may exclude those who need the funding most.
- **Increases complexity to service delivery.** Administration is no longer centralised, co-ordination and communication amongst professionals is reduced or eliminated, and case management is non-existent.
- **Cost increase to services.** This is due primarily to the additional administration and the tendency to over-deliver services.
- **Lack of services co-ordination.** The funding structure encourages privatisation and the mentality of 'billable hours' rather than a holistic, integrated service delivery model. Again, the lack of a professional case worker makes for difficulty in co-ordinating a range of services, particularly for children with complex needs.
- **Instability for service providers.** The billable hours format means that agencies cannot plan ahead for staff needs or guarantee staff retention. Additionally, the system works against smaller agencies that may provide critical niche services but cannot be the 'one-stop shop' that larger agencies are able to provide due to their size.
- **Discrimination of service allocation.** The disability funding packages are dependent upon a specific diagnosis. This excludes children who are developmentally delayed due to unspecified or undiagnosed reasons, or who may have complex or rare conditions. The needs are identical, but the lack of diagnosis becomes a barrier to accessing much-needed services.

In addition, Dr Nott expressed a concern that service delivery becomes responsive to parent-perceived needs and programs rather than being informed by research. Organisations that excel at marketing their services will flourish, but it does not necessarily reward quality, evidence-based approaches.

Lessons for service reform?

The impetus for this model is a good one – giving families more control over their child's early intervention, providing funds for a broader range of services, and expanding choice. However, the realities of implementation indicate how critical it is for funding packages to support and compliment best practice. A disconnect of underlying theory leads to an undermining of programmatic goals – which becomes visible only over an extended period of time.

As detailed in Marilyn Webster's article, the purposes of reform include developing a no wrong door approach to

service entry, increasing collaboration and co-ordination among agencies, and simplifying case management and ease of negotiating the system for clients. It is therefore important to ensure that funding processes support these programmatic goals. A primary message from the disability sector is that this funding model undermines conditions that encourage collaboration and integration, and promotes increased specialisation, privatisation of services, and competition.

As in the disability sector, it may be that this is an excellent funding model where the parents have a high degree of capability and awareness of their family needs. However, similar to the disability sector, the needs of families we see tend to be complex. For example, a 'straightforward' case for the Family Violence team may involve securing legal advice and counselling services. However, mitigating issues such as poor mental health, inadequate English skills, and/or lack of financial resources need a carefully managed, nuanced response. More complex cases are now considered the norm for our practitioners.

Another example is cases where children are placed in out-of-home care. Of course the parents need to be as involved in these decisions as possible, but it is unrealistic to assume that parents who are unable to provide their children with a safe, healthy home environment are capable of making long-term, strategic decisions in the best interest of their child at that time. The funding model also presumes an excessively high level of self-awareness for parents in terms of identifying patterns of behaviour and areas of dysfunction within the family unit.

Finally, it may be that this method of funding would discourage the right types of services applied at the right time and for the right duration. It may encourage a more simplistic response to symptoms rather than to underlying causes, and may also encourage selecting less costly interventions rather than the ones that are needed. Would the number of service providers reduce, favouring larger, better resourced, and centrally-located agencies? It is difficult to ensure that specialised, expensive, niche services continue to be offered as needed within any funding framework, but their continued role should be considered in selecting a viable, effective framework which supports positive long-term outcomes.

More flexibility and increased, client-driven choice are aims that should be incorporated into whatever funding model is adopted. But these reflections are an excellent reminder that funding frameworks need to support long-term viability.

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Adolescent violence in the home: one issue, three sectors, no framework

by Abby Horsburgh

BSW, RMIT School of Global, Urban and Social Studies

Victoria's family violence networks have been overwhelmed by the number of parents subjected to violence by their children.

The available service responses have often been inadequate, inconsistent and not supported by current legal and police protocols.

Adolescent violence in the home (AVITH) can be defined as frequent abusive behaviour by an adolescent that aims to control, create fear in or hurt family members.^{1,2,3} It can include physical, verbal, emotional, financial, psychological, sexual, property, sibling, or pet abuse.^{1,2} A critical difference between AVITH and adult partner violence is that the victim is responsible for and must care for the perpetrator who is abusing them.^{1,4} In Victoria during the period of 2010–2011, there were 3,252 reports of AVITH, equating to eight per cent of all family violence incident reports to police, and sixteen per cent of intervention orders were undertaken in relation to AVITH.⁵ It's important to note that higher incident rates are projected than those reported to police. This is hypothesised to be due to the embarrassment and guilt experienced by parents, the emotional difficulty of reporting a child to police and a fear of child protection consequences. Anecdotal reports from practitioners in the family violence sector as well as research conducted on the issue both nationally and globally^{2,3} verify this alarming trend.

AVITH is not bound to any particular socio-economic status, substance use, mental health or cultural subject.² These factors may exacerbate the violence and are important to consider when working with each family but are not common indicators or causes. However, 50 per cent of adolescents who commit violence against their

parents have witnessed family violence or experienced child abuse in their earlier years.^{2,4,6} The ratio of perpetrators by sex is 1/3 female to 2/3 male,^{1,2} which is very different than what is documented for other forms of family violence. These gender differences have been stable over the past five years⁵ and are consistent with global trends^{2,3} and police data.

Both workers in community services and the legal sphere are currently constricted by a service model that is ill-equipped to deal with such a complex situation.

Victims are overwhelmingly women, particularly single mothers.² The stigma, shame and blame experienced by parents significantly contribute to keeping this form of family violence hidden.^{4,6} When parents do engage with services they frequently report feeling blamed and unsupported.^{1,3,4,6} Some popular intervention programs promote the assumption that 'bad behaviour' by children is a result of 'poor parenting'.¹ The construction of AVITH as a 'parent deficit' reinforces blaming the victim; this places parents in a highly vulnerable position by pathologising the issue. Paradoxically, by positioning the victim as the sole agent of change the perpetrator is not required to take responsibility for the violence⁴, nor is there an opportunity to gain the life skills needed to resolve conflict and find respectful ways of communicating.³ This is not a model that services use to address other forms of family violence, and this trend should be of great concern to practitioners in each of the family violence, youth justice and family welfare sectors.⁶ As Howard argues, "responses which rely solely on invoking parental responsibility leave unquestioned the wider structural gendered power relationships which

may be operating in the family and set the parent up for failure" (1, p.7). Given the complex nature of this issue, many service providers now acknowledge that it is vital to look at the distribution of power within the family and the social context of the violence in order to provide a sustainable and holistic response to families.⁴

Services that are oriented towards adult partner violence often cannot provide an appropriate response to AVITH. While much ground has been made in Victoria concerning the police, legal and social service response to family violence as a whole, the needs of victims, their families and the perpetrators of AVITH often do not fit the mould that the family violence service sector was built to address. As the perpetrators are also minors, the legal parameters of this issue are unclear and standard police procedures to family violence no longer apply. For example, Safety Notices for immediate protection cannot be exercised, nor can an L17 (police referral to a family violence specialist service) link the perpetrator in with information or support¹. Further, in Victoria most family violence referrals for perpetrators have traditionally been to men's behavior change programs; this is of course inappropriate for adolescents and particularly so for adolescent girls. Workers in both community services and the legal sphere are currently constricted by a service model that is ill-equipped to deal with such a complex situation.

In response to the dearth of appropriate services or a widely operationalised theory of change, there is an increasing amount of practitioner and research interest in this area. Organisations and individuals are desperately seeking knowledge in order to deliver an appropriate practice response to this issue. Currently, a core of effective support groups, family therapy and specific family counselling with a solid understanding and focus on AVITH is

becoming established. But as the need is more visible, the waiting lists for these services are growing, leaving many families without appropriate support. There is a clear need to expand on existing services and invest in proven, well evaluated programs.^{1 2 3 4 6}

AVITH is equally a youth justice, family welfare and family violence sector issue. In the past, these services have been quite separate in responding to the issue⁶. Without a consistent practice response across all three sectors, parents, adolescents and their families will continue to fall through the cracks in a system that has yet to acknowledge their unique needs. This has the potential to leave families isolated and exacerbate the violence they are already experiencing. It is the role of all three sectors to bridge this gap in service delivery in order to ensure the best outcomes for clients.

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Practitioner response: Giselle Bailey, Community Response Worker, Good Shepherd Youth & Family Service Peninsula Family Violence Program

Lisa¹ has a 13-year-old son, Ben. From July this year, Ben's general behavior and attitude towards school has changed dramatically – and with it, a deterioration in his behaviour at home. Lisa was badly

frightened by two recent experiences. The first was Ben's violent response to Lisa's house rules. Ben screamed abuse at Lisa in front of his younger siblings, then picked up a garden chair and threw it at the front door, smashing an adjacent window. Three days later, Ben was yelling and swearing at his 11-year-old brother; when Lisa intervened Ben approached her aggressively, kicking a laptop computer out of her lap, which then hit her in the head. He then used a hat stand to smash several windows. Although reluctant, Lisa felt compelled to contact the police in response to both of these incidents. This has been a very difficult decision for her because she worries that police involvement will jeopardise Ben's future. Police may charge Ben with property damage and pursue an intervention order, both of which are causing Lisa a great deal of stress and anxiety.

Demographically, Lisa fits the most abused group noted in the article. She is a single parent and Ben has no contact with his father. As our service only receives information from police about women who have been affected by family violence, I cannot comment on the number of men in our catchment area that are impacted by AVITH. We have experienced an increase in these calls in the past 18 months. There are no definitive answers as to why this is occurring, and the stories are varied with no commonality of situation or economic status. Most women I speak to are grappling for answers and are desperate to regain control of their homes.

The Common Risk Assessment Framework that is currently used to determine a woman's level of risk of further violence can be used when an adolescent is the perpetrator but the remedies do not fit. From a practitioner perspective, although I can offer advice to Lisa on how to protect herself and the other children in the home, I cannot advocate for Ben to be removed from the home using an intervention order.

Nor could I recommend seeking refuge as Lisa is not legally allowed to (nor would she wish to) leave her minor-aged child to fend for himself. Actions such as changing locks and installing security are also not relevant to these cases. The current framework for family violence makes little allowance for partnerships with adolescent psychological services such as CAHMS² or *headspace* with which we could work in an integrated way. As this family resides outside of the catchment for the program run by PenDAP,³ Lisa is unable to seek assistance from them. With our current service framework and funding, PFVP⁴ does not allow for the adolescent to be engaged by a practitioner; only the mother can be assisted. Lisa, like all mothers, would like to find help for her son, and although I can provide her with details of other service providers, there are no direct referral pathways established.

Links with child and adolescent psychotherapists or other non-blaming agencies would be helpful. I have heard from Lisa and other mothers in her situation that they often feel that agencies make them feel as though their parenting is to blame – yet there is enough evidence, as discussed in the article, to disprove this notion.

Notes

- 1 Names and situational details have been changed.
- 2 Child and Adolescent Area Mental Health Services.
- 3 Peninsula Drug and Alcohol Program.
- 4 Peninsula Family Violence Program.

For more information:

The conference on *Adolescent Violence in the Home: supporting collaboration across the criminal justice and community sectors* is taking place in Melbourne on 18 and 19 February, 2013. Read more at www.vichealth.vic.gov.au/Seminars-and-Events/Conferences-and-Symposia/Adolescent-violence-in-the-home-conference.aspx

Engaging 'the village' to wellbeing: the vital role



by Patricia M McNamara PhD

Department of Social Work and Social Policy, La Trobe University

Historically, social services and support have been offered to families once they fall into a time of crisis. But extensive research has demonstrated that early intervention is far more effective, in addition to being both socially and financially more economical.

With the release of *Victoria's Vulnerable Children: Our Shared Responsibility*, the Victorian Government is voicing a commitment to providing vulnerable families with effective inputs and support to strengthen and maintain the family unit, with the goal of keeping families together.¹ This is happening when child protection notifications and the number of children in out-of-home care are increasing.^{2,3,4} Children on Care and Protection Orders in Australia increased by over 4% from 2009/10 to 2010/11 – to a total of 39,058. This rise would appear consistent with an established trend over the last 5 years, evident in an overall increase of 35 per cent since 2007.²

The provision of respite care provides normative, non-intrusive and early interventions that can help to protect children against neglect and abuse and preserve families at risk of separation or breakdown. Respite care is community-based occasional or temporary out-of-home care or short-term accommodation for children when parents or regular carers are in crisis, or need a break and are unable to provide care. It may take the form of family foster care but can also include residential care for children, whole family residential care, adolescent camp programs (especially in Indigenous family support programs), 'customary care' of Indigenous children and other alternatives. Respite care is sensitive to developmental status, cultural

background and the systemic linkages that derive from the child and family's ecological niche.

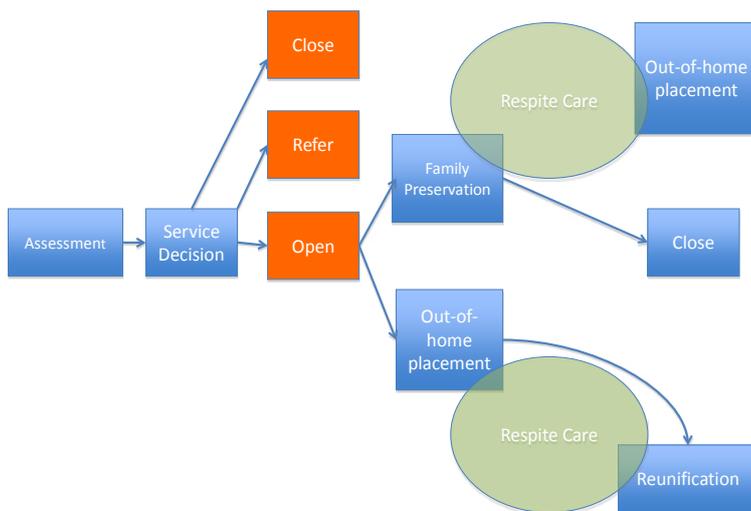
Relief of parental and carer stress and social isolation is a key referral trigger for families seeking respite. It is often described informally as the "glue that keeps families together". There is international research evidence that respite care offers potential preventative benefits for all family members, including children and adolescents, particularly those at risk of abuse or neglect.

Our own international literature review⁵ strongly suggests that respite can help to preserve some families at risk by preventing child abuse and neglect that leads to long term or permanent removal of children and adolescents from home (Figure 1). Respite care can also assist with family reunification. It provides a uniquely multi-functional service: children benefit from having another stable adult in their lives, expanding their life experiences and viewpoints. Parents and carers are given a break which reduces stress, while also providing the space to improve social networks and support and to work on other issues that may be present in their lives – supporting the efficacy of multiple interventions for families with complex needs.

Unlike in aged care and disability services, however, respite care in Victoria is not recognised as a distinct 'service type' in child and family services. It seems that as a preventive approach, respite care offers potential benefits not currently actualised. At a time when the out-of-home care system in Victoria is stretched to its limit and policy is focused on preserving and strengthening families, respite care models are perfectly positioned to be strategically utilised as a comparatively low-cost, flexible, and family-centred support. And yet there is very little attention being given to how respite care can be integrated into an effective response to the

preserve families and support of respite care

Figure 1: The role of respite care in family preservation (Cash, 2009)



Vulnerable Children Inquiry's findings and recommendations.

Research and policy implications

Several Victorian projects have documented the need for respite care and the provision of respite care in Victoria.^{6,7} Our Scoping Projects^{8,9,10,11} confirm that there is enormous unmet need for both regular and emergency respite across the state; however, deficits in funding and personnel have seriously constrained implementation of practice standards and undermined programmatic development.

The evidence base underlying the efficacy of respite care is underdeveloped in Australia. Redressing that deficit with major research is the primary current focus of the Respite Care Consortium. Our scoping studies have already established a high level of unmet need for strategically placed respite care in the broader community for parents, grandparent and relative carers, permanent carers and also for foster carers. Kinship carers in Victoria currently have very limited access to respite care, apart from what may have been informally arranged within the extended family network. We know that

carers experience very high levels of social exclusion, leading to increased stress and reduced wellbeing. There is also a strong correlation between taking on a carer role and decreased levels of income. Respite is needed for those involved in the statutory care system and to support family reunifications for those in foster and kinship care; it is needed for families receiving family services, and for families and children in the general community¹².

A range of respite care models are required to respond adequately to diverse needs, and should be provided in a continuum across the service system. Respite care requires appropriate funding to become an integrated service. Respite carers need to be adequately resourced and supported. Respite care also requires adequate brokerage funding for its potential to be fully optimised. The development of methods to monitor the efficacy of respite care and the encouragement of research to establish best practice are other immediate imperatives.

There is considerable good will in the Australian community towards assisting vulnerable families to raise their children. Programmatic funding for

respite care would tap this resource and engage 'the village' to raise the child.

The Respite Care Consortium

The Consortium includes nine Victorian child and family welfare organisations with La Trobe University as the academic partner. It is committed to increasing understanding of respite care to enable best practice for vulnerable children and families.

For more information, contact the author: p.mcnamara@latrobe.edu.au

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SOCIAL POLICY NEWS

Many of our resources can be accessed on the Good Shepherd Youth & Family Service Social Policy & Research Unit's website: www.goodshepvic.org.au/spru

Recent publications

"I just want to go to school": voices of young people experiencing educational disadvantage

(November 2012)



Child Safety Commissioner Bernie Geary, OAM (centre) at the launch with CEOs (from left to right) Penny Wilson of VCOSS, Robyn Roberts of Good Shepherd Youth & Family Service, Micaela Cronin of MacKillop Family Services, and Julie Edwards of Jesuit Social Services

report – encompassing the digital stories, a full report, and a booklet of recommendations – was launched at Lynall Hall Community School in Richmond on 27 November 2012 to mark Social Inclusion Week. Good Shepherd Youth & Family Service's Magdalena McGuire co-authored the report and Kathy Landvogt participated in the research component.

The strength of the project lies in the strong and affecting voices of the young people, as they enumerate the multiple barriers to full educational inclusion they experience – including bullying, inability to pay for school essentials (e.g., books, excursions, travel to and from school), lack of structured additional learning assistance, and/or no acknowledgement of how external factors impact on their ability to learn (e.g., homelessness, mental illness). In launching the project, Child Safety Commissioner Bernie Geary, OAM, said, "I am struck in reading the presented stories and themes by just how straightforward and reasonable the expectations – could I add, embarrassingly modest – that these 13 young people have in taking their own place in education, and still afford space to advocate for others... [H]ere we have words, so well expressed by 13 young people – and a stated promise to them, that the outcome findings and recommendations will be used to influence senior policy makers, bureaucrats and educators on the ground."

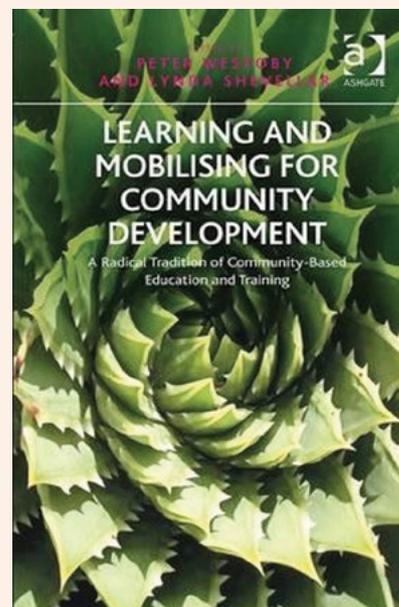
Caught short: exploring the role of small, short-term loans in the lives of Australians.

by Marcus Banks, Greg Marston, Howard Karger and Roslyn Russell (August 2012)

This report is an Australian Research Council report by RMIT University and the University of Queensland with support provided by the National Australia Bank and Good Shepherd Youth & Family Service. The research investigates the lived experiences of 112 individuals borrowing small, short-term loans from non-bank companies in Queensland, New South Wales and Victoria. It identifies the aspects of fringe loan practices that can create a cycle of entrapment for borrowers.

Learning and mobilising for community development: a radical tradition of community-based education and training

edited by Peter Westoby and Lynda Shevellar, Ashgate Publishing Ltd (October 2012)



Dr Kathy Landvogt, Social Policy and Research Manager, contributed a chapter to the newly-published *Learning and Mobilising for Community Development*, launched on 9 October 2012 at RMIT. Dr Landvogt's chapter, 'Poverty finds a voice: dialogic learning and research through theatre in Melbourne', describes an innovative research project conducted by the research unit, exploring the financial capabilities of women living on low incomes through the medium of community theatre. Through their self-developed theatre, the women were able to communicate their experiences directly to policy makers, bankers and ombudsmen. A DVD of the plays, *Women and Money*, is available from the Social Policy Research Unit.

Measuring the impact of microfinance 'money conversations' on financial capability: a trial study

by Tanya Corrie (In press)

This methodological pilot was conducted by Tanya Corrie on behalf of Good Shepherd Microfinance. The aim was to identify and test reliable indicators and data collection methods for measuring the impact that the 'money conversation,' which takes place when an individual wishes to apply for microfinance, has on financial capabilities. The concept of 'financial capability' encompasses money management skills, knowledge and behaviours, as well as structural factors that impact agency. The study indicates that it is possible to measure changes in financial capability. Further, preliminary data analysis indicates that the money conversation plays a critical role in increasing a person's financial capabilities. This study is available on our website.

Student scoping projects

Pre-driver education: a scoping study into programs for young people within the City of Yarra

Authored by Lisa Rodwell, BSW, RMIT School of Global, Urban and Social Studies (November 2012). This study was commissioned by the Good Shepherd Youth & Family Service Youth Team to investigate the need for and ability of young people to receive driver education within the City of Yarra. The research explores how driver education can incorporate different ways of learning that may be beneficial for young people previously disengaged from education. It explores how young people within the City of Yarra may benefit from driver education – primarily by receiving their licence, but secondarily experiencing such benefits as re-engagement with education and/or gaining other skills that increase their access and inclusion in the greater community.

Adolescent violence in the home

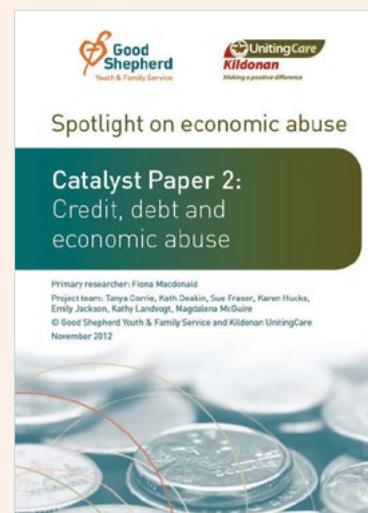
Authored by Abby Horsburgh, BSW, RMIT School of Global, Urban and Social Studies (November 2012). This study was commissioned by the Good Shepherd Youth & Family Service Family Violence team, in response to increased incidents of referrals in which the perpetrator of family violence is a child rather than a partner. The study looked at prevalence, causes and background of adolescent violence in the home (AVITH), available appropriate services, effective referral pathways for both victims and perpetrators of AVITH, and theoretical practice models. Please see the article contained in this issue of Good Policy for more information on this emerging social issue.

Spotlight on economic abuse

Economic abuse is a form of domestic and family violence involving behaviours that negatively affect a person financially and undermine that person's efforts to become economically independent.

The Spotlight on Economic Abuse Project emerged from Good Shepherd Youth & Family Service's and Kildonan UnitingCare's shared concerns about the impacts of economic abuse on people accessing their services, with women and children most often affected. Until recently economic abuse has not been included as a form of domestic and family violence in the law, nor has it been included in definitions of violence used in surveys. However, research findings suggest that economic abuse may be a very common form of violence affecting women who seek assistance because of domestic and family violence.

The agencies commissioned Fiona McDonald to prepare *Spotlight on economic abuse: a literature and policy review* (2012). This paper presents a review of national and international research and other literature relating to economic abuse – also referred to as economic violence, economic control, economic deprivation, financial abuse and financial control.



Six catalyst papers have been written for the *Spotlight on Economic Abuse Project*. A series of forums are being held to accompany each catalyst paper and are attended by a range of interested parties specific to the focus of each forum. This allows for in-depth discussion about economic abuse and its different impacts. A two-page fact sheet is also available on our website.

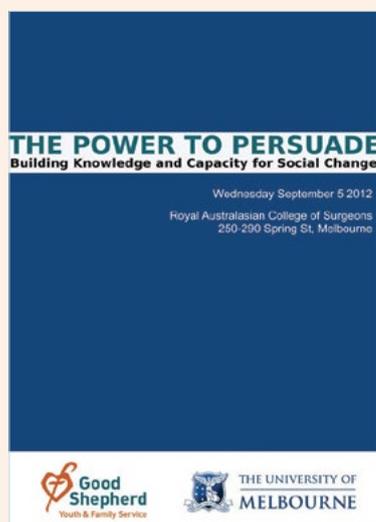
Catalyst paper topics are:

- Paper 1: *An overview of economic abuse*
- Paper 2: *Credit, debt & economic abuse*
- Paper 3: *Income security & economic abuse*
- Paper 4: *Financial capability & economic abuse*
- Paper 5: *Child support & economic abuse*
- Paper 6: *Community sector collaboration & economic abuse*

SOCIAL POLICY NEWS

The Power to Persuade: building knowledge and capacity for policy change

Symposium held 5 September 2012 at the Royal Australasian College of Surgeons, Melbourne.



This symposium was co-hosted by the University of Melbourne School of Population Studies and Good Shepherd Youth & Family Service. Academics, community service organisations, and representatives from the government sector came together to discuss innovative research methodologies and

how they can be utilised to effect evidence-based programs and policy development. Presentations and structured discussions focused on the areas of health economics, social network analysis, and participatory rights-based methodologies, presented by a range of researchers and policy developers. The content, format and networking opportunities were received with great enthusiasm by the participants, and as a result we are expecting to make this an annual event. The proceedings as well as an evaluation report will soon be available on our website.

Talks and presentations

Managing Money – Every Woman’s Business: a guide to increasing women’s financial capability, given by Kathy Landvogt. Keynote address, Women’s Health in the North AGM, 25 October 2012.

Influencing policy Panel discussion, University of Melbourne. Tanya Corrie participated in a panel discussion at the University of Melbourne as part of a series for Masters of Public Policy students. The three panel members represented views from the business lobbying sector, the government sector and the community sector.

Mapping Service Links: no ‘wrong door’ in financial hardship, given by Kathy Landvogt. Presentation on Social Network Analysis given at The Power to Persuade Symposium, 5 September 2012. See related article in this issue of Good Policy.

Women and financial security, given by Kathy Landvogt. Audacious Women’s Event, Good Shepherd Youth & Family Service, 23 August 2012.

The dangers of fringe loans for vulnerable communities, SBS radio news interview, given by Tanya Corrie on 14 August 2012. This interview was given in response to the release of the report, *Caught Short*, with a particular focus on recently arrived migrants.

Women and financial capability, 3CR radio interview, given by Kathy Landvogt on 5 September 2012.

Contact us

The Social Policy & Research Unit has moved offices. We are now found at 117 Johnston Street, Collingwood VIC 3066. Telephone 03 8412 7323

Comments or questions on the contents of this newsletter? We would love to hear your feedback. Contact Susan Maury, our commissioning editor for this edition: s.maury@goodshepvic.org.au

Social Policy & Research Unit Manager **Dr Kathy Landvogt**

Researchers **Tanya Corrie, Susan Maury, Magdalena McGuire**

Over the last four months we have also engaged **Fiona McDonald** as a consultant to conduct the literature and policy review on economic abuse.



Follow us on twitter @GoodAdvocacy.

We are Good Shepherd. Our mission is shaped by our inheritance of the vision, courage and audacity of Saint Mary Euphrasia Pelletier and the Good Shepherd tradition she began. Ours is a vision for promoting a world of justice and peaceful co-existence. Ours is the courage to embrace wholeheartedly innovative and creative ways of enabling people of all cultural, religious and social backgrounds to enjoy the fullness of life, which is the right of every human being. Ours is the inheritance to boldly challenge those structures and beliefs that diminish human dignity. We work to ensure the value of every human being, the communities that enable us all to thrive and the integrity of the environment that guarantees both.

Contact us:

Good Policy is a publication of the Social Policy & Research Unit, Good Shepherd Youth & Family Service
PO Box 6041, North Collingwood Vic 3066 Tel 03 9419 5477 Fax 03 9416 2340 Email info@goodshepvic.org.au www.goodshepvic.org.au

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