Human Services: The case for change
All Victorians should be able to access the care and support they need, when they need it. This is particularly important for the most vulnerable and disadvantaged members of our community, their carers and their families.

The Victorian human services system largely works in rigid silos where case managers are often unable to link individuals and families to the full range of services they require. This results in poor outcomes for the clients and the Victorian taxpayer.

The Coalition Government has pledged to change this and provide better leadership and coordination of community services via holistic case management.

This document, ‘Human Services: The case for change’ outlines the urgent need for system-wide change.

It explains how we can, and should be, building on the strengths of the existing system to make a real difference to the lives of vulnerable Victorians and their families.

Elements of the current system work very well and community sector agencies have helped governments to provide a range of vital supports over many years, improving quality of life for Victoria’s most excluded families and individuals.

But despite our common purpose of supporting people out of disadvantage, major improvements can still be made to connect individual efforts and achieve better life outcomes for vulnerable people.

The structural challenges highlighted in this document show the need for a ‘joined-up’ service model, where there are no wrong doors for clients and any entry point ensures that individuals and families are efficiently and effectively assisted to access whatever range of services and support they need. This is the Victorian Coalition Government’s vision for human services in Victoria.

From early 2012, the Department of Human Services will begin reforming case management in two lead sites, Dandenong and Geelong/South West Coast.

The capabilities and dedication of our staff and partners will be embraced and client pathways will be streamlined. Workforce participation, skills acquisition and community connectedness will be placed squarely in service planning alongside traditional person supports.

In a similar timeframe, we will be reorganising the internal workings of the Department of Human Services to remove service silos while retaining specialisation.

Longer-term, this new system, characterised by personalised, holistic, family-centred approaches, could be used to connect with more and more State Government services.

The reforms are much needed and exciting.

We commend the following ‘case for change’ to the community and look forward to continuing to work with all stakeholders towards a system that delivers better outcomes for vulnerable Victorians and their families.

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Throughout this paper, the term Aboriginal refers to both Aboriginal and Torres Strait Islander people. Aboriginal is used in preference to Indigenous, however Indigenous is retained when it is a part of the title of a report, program or quotation.
Part 1:  
Introduction – the case for change

Two decades of steady economic growth in Victoria, with low unemployment and rising incomes, has made life more prosperous for most Victorian families. However, a number of Victorians have not benefitted from these gains.

Entrenched pockets of disadvantage remain, with growing demand for social housing, mental health, family violence interventions, child protection and other human services.

With an ageing and growing population likely to increase demand even further, fundamental change is needed to better support people with a sustainable system.

*Human Services: The case for change* outlines the need for a fresh approach to address the complex and interrelated nature of individual and family problems and entrenched disadvantage, starting with reforms to case management for people with complex needs from February 2012.

It outlines the need to transition from a traditional welfare approach to a more personalised and holistic response that engages people and builds economic and social connections and opportunities.

Breaking down the silos that have grown up around specific areas of disadvantage – disability, child protection, housing, mental health, drug and alcohol services – is part of the challenge.

This will involve building on our strengths and changing the way we approach challenges – from doing things ‘to’ and ‘for’ people, to working ‘with’ people and other agencies. It will also involve recognition that disadvantaged families have multiple needs and strongly want a say in the support they receive.

It involves moving from ‘problem and program’ to ‘person and place’, and confronting all domains of disadvantage – personal, economic, and community – with the goal of unlocking potential and enabling people to build better lives for themselves and their families.

This will not be simple, quick or easy. For many services this is a profound shift in the way we think about people and how we can assist them.

**The context for change**

Victoria’s human services sector is vibrant, and there is great strength in the compassionate and caring nature of the Victorian community.

The human services system has developed over many years as governments, churches, charities and not-for-profit groups tackled disadvantage in the community.

This has led to a multiplicity of providers, funders and administrators – including all three levels of government. Successive governments have tackled specific issues through new layers of legislation, funding, program rules and infrastructure.

While each additional intervention may make sense in isolation, the cumulative impact has created a prescriptive, siloed and overly bureaucratic system.

Connecting services around the needs of individuals and families has long been a challenge for the public service. In 1859, with just 100 employees, the Victorian Public Service was criticised for being fragmented.1 If one key theme has persisted over the following 150 years it is this fragmentation: a major review of the Victorian Public Service (the Bland Review) in 1973 picked up this theme again, and fragmentation continues to be a concern today.
The human services sector today is delivering hundreds of government-funded programs. Specialist occupations, including sexual assault and drug and alcohol counsellors, family support and outreach workers, and disability services instructors, have developed to expertly respond to particular social problems.

Specialisation has delivered many gains that we cannot afford to lose. However, a by-product of specialisation has been a focus on programs and not people.

Now is the time to review which elements of the system are driving us forward and which are holding us back from tackling deep-seated disadvantage in Victoria, and to take action.

**Key strengths of the existing system include:**

- The commitment, dedication and professionalism of the workforce within the Department of Human Services (DHS), the Department of Health (DH), and across the system, to achieve the best possible outcomes for clients

- The ingenuity that exists within our Community Sector Organisations, their capacity to innovate and make the most out of often limited resources

- Pockets of great practice and achievement that could be widespread if harnessed by the system.

**Key systemic problems to be addressed include:**

- A fragmented and poorly coordinated system: specific service sectors largely focus on particular issues or groups of vulnerable people without a whole of system view

- A program focus instead of a client focus: where the onus is on people to make sense of services, navigate from door to door and ‘fit’ a program to qualify for support

- Services which fail to consider the family circumstances of clients, in particular the existence and experience of children

- A traditional welfare approach that focuses on crisis support and stabilisation, and that may encourage dependency

- A focus on solving problems after they occur rather than anticipating and intervening to prevent them arising.
A snapshot of human services in Victoria

Government and community sector agencies have provided a range of social supports to vulnerable Victorians over many years. DHS, and the programs and agencies it funds to deliver services on its behalf, is part of a broader human services system. This system includes other state agencies, Commonwealth agencies such as Centrelink, and a wide range of non-government organisations to grassroots charities and community groups.

There are also many local government services, philanthropic trusts and foundations supporting and delivering services to disadvantaged Victorians.

Mental health, alcohol and other drugs services, homelessness and housing support, family support, post-incarceration programs, youth services, family violence services and disability supports are among the services provided by the community sector. Mental health, drug treatment and community health services are part of both the health system and the community services systems, with some health programs delivered by community services agencies, and some community services programs delivered from a health agency platform.

The DHS Annual Budget for 2011-12 is $3.4 billion, with over $1.3 billion, or over 25 per cent, going directly to community service organisations to deliver services on DHS’ behalf. In 2011-12, DH will spend over $143 million on alcohol and other drug services, and over $1.1 billion on mental health services (not including Commonwealth funds), with over $95 million of this going directly to community service organisations to deliver services on DH’s behalf.

In 2010-11, DHS:

> Managed ~ 55,000 child protection reports
> Provided ~ 31,000 clients with disability aids and equipment
> Accommodated ~ 5,200 people with a disability
> Accommodated ~ 6,100 children and young people per day in out-of-home care
> Provided support to more than 26,000 families through Child FIRST and Integrated Family Services
> Supported over 3,100 young people in custodial and community based youth justice services
> Funded sexual assault support services for 13,000 survivors and their families
> Funded family violence counselling services for 5,500 women and children
> Supported ~ 83,000 households in publicly-funded housing
> Supported ~ 39,000 homeless people
> Provided ~ 830,000 households with financial assistance to meet utilities costs
> Provided over $47.6 million in assistance to individuals and communities in towns, suburbs and rural areas affected by the 2009 Victorian bushfires through the Victorian Bushfire Appeal Trust Account
> Funded over 90 women’s projects across a range of settings including sports, local government, community and the media
> Supported over 50,000 vulnerable young people to participate in their communities and build their skills through the Youth Participation and Access Program
> Funded ~ 350 Neighbourhood Houses and community youth activities
> Employed ~ 11,700 staff in 57 offices around the state
> Funded ~ 1,000 community service partners who deliver many essential services to disadvantaged Victorians.
How Victorians are faring

Almost two decades of steady economic growth and rising income levels have had a significant impact on the quality of life of many Victorians.

We are better educated, with near universal preschool education and more students achieving VCE; unemployment levels have remained low; household net worth has risen steadily; and we are living longer. But not all Victorians have shared in this increasing prosperity.

There are almost one million Victorians who have one or more determinants of disadvantage as defined by the Australian Social Inclusion Board and over 300,000 Victorians are on the Commonwealth Disability Support Pension and Newstart allowance.

The Household, Income and Labour Dynamics in Australia Survey found that during the period 2001-08, 35 per cent of the Australian population experienced poverty at one time or another. Most of these people experienced poverty for periods of less than two years; however 2.1 per cent of the population experienced poverty throughout the entire period. A further 8 per cent were in poverty for five of these years. Assuming a similar distribution to the national figures, this would mean over 100,000 Victorians were in poverty throughout the period, and more than 400,000 more were in poverty for five of the eight years.

Unemployment is the most important single cause of child poverty in Australia. The documented adverse impacts of growing up in a jobless household range from family violence, truancy and non-completion of schooling, to substance abuse, poor health and premature death.

Victoria has a relatively high rate of households with children in which no adult is employed; sitting at 11.9 per cent compared to an OECD average of 6.4 per cent. In 2010-11, it is estimated that over 150,000 Victorian children aged less than 15 years lived in a family with no employed parent, and 65 per cent of these children lived in one-parent families.

Aboriginal People

‘Closing the gap’ on Indigenous disadvantage is a strategic priority of the Council of Australian Governments.

Analysis of the 2006 Census data shows that Aboriginal people are more likely to be unemployed, experience lower levels of education, poorer health outcomes, higher levels of homelessness and lower rates of home ownership.

Aboriginal people are significantly over represented in all DHS service groups including family violence, child protection, youth justice, housing and disability.

A more integrated human services system will have the ability to deliver real benefits in a coordinated manner to Aboriginal clients to support better outcomes.
Higher risks of disadvantage

Geographic factors

Disadvantage tends to be clustered in certain postcodes, and in certain groups; for example aged persons, public housing tenants, Aboriginal people, unemployed people and people with a disability. The existence of large public housing estates in many disadvantaged areas can contribute to a further concentration of disadvantage in particular locations.

Regional Victoria has a larger proportion than metropolitan Melbourne of most of these population groups, and is experiencing significant economic and demographic change.

ABS data shows that disadvantage in regional Victoria is concentrated in the central Goldfields area and East Gippsland.

In metropolitan Melbourne disadvantage is concentrated in the outer north, west and south-eastern growth areas, where there are high levels of low income households, single parent families, children and youth, refugees, social isolation and low educational attainment. This includes a significant number of Aboriginal people in the northern metropolitan area.

Population growth in Victoria

With Victoria’s population projected to increase from 5.546 million in 2010 to 7.327 million by 2031, demand for services will increase. The population aged over 65 will represent 19.5 per cent of Victoria’s population by 2031, compared to 13.8 per cent in 2010. The ageing population is also likely to generate higher demand than today. With significant latent demand already existing, governments have limited ability to cope with this surge in both the volume and intensity of services over the medium to long term. The current situation is unsustainable.
Intergenerational disadvantage
There is a substantial body of research documenting the devastating effect of intergenerational disadvantage. Many disadvantaged children grow up to become disadvantaged adults, and the cycle begins again as a new generation of children are born into disadvantage.\(^1\)

This cycle is clearly seen in the characteristics of clients at the tertiary end of the system.

- A 2005 survey of young people aged 18-25 who had been in the Victorian out-of-home care system found 28 per cent of respondents had already had children. Of the parents in the sample, 47 per cent had a child born while they were still in care themselves.\(^1\)

- A 2006 analysis of youth justice clients revealed that a young person who had a parent or sibling incarcerated was 100 times more likely to be involved in the youth justice system than peers whose immediate family had not been incarcerated.\(^2\)

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**Fig. 2.6**
Socio-Economic Indexes for Areas: Melbourne and surrounds
The costs of disadvantage

Poor health, poor education, material poverty and abuse severely limit the life opportunities of disadvantaged people and their families.

A major focus for government is on improving outcomes for this group: reducing the impact of problems such as long-term unemployment, poor housing and poor health.

These are all expensive issues to deal with. Governments in Australia and around the world are devoting significant resources towards reducing disadvantage.

In 2011-12, the Commonwealth Government will spend $122 billion, or 33 per cent of total budget expenses, on social security and welfare.21

In Victoria, the DHS budget for 2011-12 is $3.4 billion. The 2011-12 State Budget included the following expenditure:

> Child protection and family services - $703 million
> Disability services - $1.4 billion
> Housing assistance - $402 million22
> Youth services and Youth Justice - $126 million
> Concessions to pensioners and beneficiaries - $639 million.

In the same year, the DH budget for mental health services was $1.1 billion, and for drug services $143 million.23

Expenditure in many of these areas has risen considerably over the last decade. For example, the disability services budget has increased in real terms by 5.2 per cent per year, and mental health in real terms by 3.7 per cent per year, since 2001-02.24

There are further costs to the community in the broader health and justice systems, as well as lost workforce participation.

Multiple and complex disadvantage

There is strong evidence of multiple disadvantage among client groups with the highest levels of need in the human services system.

For example:

> A 2010 survey of young offenders in custody revealed that 35 per cent had previous child protection involvement, 34 per cent presented with mental health issues, and 88 per cent of cases had alcohol or drug use related to their offending25

> Young people leaving care have a higher predisposition to mental illness,26 including anxiety or post-traumatic stress disorder as a result of violence, and other forms of chronic mental illness such as depression, bi-polar disorder and schizophrenia, and other significant issues including drug and alcohol addition, physical and intellectual disabilities, homelessness and involvement with the police and justice systems27

> One study of of 4,291 people using homelessness services in inner-Melbourne found that 15 per cent of the group had mental health issues before becoming homeless, while a further 16 per cent had developed mental health problems after becoming homeless28

> Research into disadvantage consistently indicates that families experiencing the most problems tend to be the least financially secure and often have multiple disadvantages. A relatively common constellation of disadvantages are low income and assets; low skills; difficulties finding and keeping a job; housing stress and poor health.29
Part 3
How effective are our services?

While many Victorians improve their life circumstances by drawing on their own resilience, family and community supports, measuring outcomes is difficult.

The various interventions, support and care provided to vulnerable Victorians make it difficult to link a client outcome to a specific action.

However, there is some evidence suggesting more needs to be done by all parts of our system to prevent the escalation of vulnerabilities for clients and their families.

Multiple service users
As part of our goal to support vulnerable Victorians to increase their independence, our focus must be on improving our services to identify at the earliest stage where vulnerable people and families are at risk.

An indicator of progress toward this aim is the number of DHS services each person relies on over time – more effective initial support should mean fewer Victorians accessing multiple services through their lifetime.

DHS data shows that a significant number of clients use more than one DHS service over a five-year period. These clients are also likely to receive benefits or use services provided by other parts of the human services system – both government and non-government. In relation to DHS services, there are notable interactions between use of child protection services and other services such as housing. While most multiple service clients used two DHS services over the period analysed, a small but significant proportion of clients used three or more services – and a large number of this cohort identified as Aboriginal.

Clearly, disadvantage is not confined within DHS operational boundaries. When services delivered by DHS are considered in conjunction with those across the multiplicity of human services providers, as well as those in the health justice, education and welfare systems, the number of multiple service users increases considerably.

Child protection re-substantiations
Substantiations only occur when reports have been investigated by child protection caseworkers and abuse or neglect is found. This is the point where action is taken to stop the abuse or neglect and take steps to prevent it from recurring in future. The number of re-substantiations is an indicator of the system’s effectiveness in dealing with the most serious cases.

The graph below shows the proportion of substantiations where there was a further substantiation for the same child over the following three and 12 months.

The results are mixed: a clear decrease can be seen for the 12-month group over the period 2001-02 to 2007-08, but this was followed by an increase in 2008-09. The three-month group has been increasing since 2005-06, following a gradual but steady decline over the preceding four years.

It is uncertain what conclusions could be drawn from these data; a range of factors could be responsible for the changes shown in the graph below. It can, however, be said that these results illustrate the limited visibility we have over the outcomes we are achieving.

Fig. 3.1
Percentage of all children who were the subject of a substantiation during the year who were also the subject of a subsequent substantiation within 3 and/or 12 months, Victoria, 1999-2009
Multiple out-of-home care placements

Children are placed in out-of-home care when it is determined that problems within their families are so severe that they are no longer safe in the family home. The importance of stability in out-of-home care placements is well recognised as crucial for healthy child development. Multiple placements are a source of ongoing instability and may arise when carers are unable to cope with the often very high needs and challenging behaviours of the children in their care.

The above table shows that a growing number of children exiting care each year have experienced multiple placements. This may suggest an increase in the complexity of issues faced by children in the out-of-home care system, or insufficient service options available for highly vulnerable children.

Housing and homelessness

The Victorian Homelessness Action Plan, released in October 2011, reported that despite a 39 per cent increase in expenditure over the last five years, we have not seen a reduction in the number of clients accessing services and are therefore no longer homeless. This suggests the current service system is not getting to the root cause of homelessness. There is evidence of substantial ‘churn’ of highly disadvantaged people through the housing and homelessness service systems. Research from 2006 revealed that around 50 per cent of high-risk tenants had held a previous tenancy in publicly funded housing. It has also been estimated that, of the 503 public housing tenants evicted from their property in 2006-07, around 450 (90 per cent) re-presented at crisis and transitional providers within the next 12 months. Supporting each of these 450 evicted tenants through homelessness services was estimated to cost upwards of $34,000 per year in 2006-07, compared to around $4,300 in service costs per year for a household in public housing.

Aboriginal people are more likely to be homeless, are more reliant on social and public housing, and are less likely to be buying or owning a home compared to non-Aboriginal people. In 2006, 2.4 per cent of the Australian population identified as Aboriginal, but 9 per cent of homeless people were Aboriginal.

There is also substantial room for improvement in employment outcomes for people in publicly funded housing. 2006 Census data indicated that, of Victorian publicly funded housing tenants aged 15 to 64, nearly 65 per cent were either unemployed or not in the workforce. This represented around 64,000 people.

Outcomes for people with a disability

DHS has provided flexible funding packages for people with a disability since the 1990s. A variety of flexible funding programs were combined as Individual Support Packages (ISPs) in 2008. ISPs provide a personal funding allocation to a person with a disability who can then use that funding to access their choice of services and providers.

While cautioning that the consistency of support provided to ISP recipients was an area for improvement, the Victorian Auditor General found consistent positive outcomes among the ISP users and carers consulted for his 2011 performance report on the program. The Auditor General highlighted one of the major successes of the program as being that ‘more than 200 people since 2002, through their choice, have been able to move out of facility-based care into living options with more independence.’

Although Victoria appears to be performing well in improving choice and independence for people with a disability, outcomes for this group are not as positive in other areas. For example, Victoria has the second lowest rate of young people aged 15-24 with disabilities accessing Commonwealth funded employment services, despite Victoria having the second highest number of disability employment outlets nationally.
There is a range of service delivery challenges that we need to confront to improve the human services system.

This is reinforced by what our clients, their carers and families, our staff and service delivery partners have told us about their first hand experiences of the way DHS does business.

While some feedback was positive, with stories of lives being turned around and staff innovating to work with individual clients and families to deliver great outcomes, all too often these were exceptions to the rule, involving people working around the system, rather than being supported by it.

The strengths in our system, as described throughout the document, must and will form the basis for our next steps in change. The following section highlights the challenges that we will need to confront in this process.

**The system is fragmented and poorly coordinated**

The current system puts the onus on the client, their carer or family to make sense of services, despite vulnerable people being the least equipped to know what is available and what might work for them. Clients may need to navigate from service to service, sometimes telling their story multiple times, in order to access the supports they need. This places further pressure on families.

It is common for a client or family to have relationships with multiple agencies and programs. Clients, staff and our service delivery partners have told us that coordination and information sharing is often poor, and this is largely because systems and processes aren’t aligned.

Even the way issues are conceptualised, prioritised and funded differs across services, governments and sectors.

For example, tackling mental health and alcohol and other drug issues is a high priority for many DHS clients, but the health system is the chief funder of core services in this area. This is further complicated by the Commonwealth providing a significant proportion of funding for these services, consistent with its own priorities.

Given the complex nature of the system and the needs it is trying to meet, building understanding across program and organisation boundaries is critical.

Under the current system, a 17-year-old girl with a mild intellectual disability, pregnant with her first child, could feasibly have nine case workers involved in planning for her needs and those of her immediate family members. This could include her disability case manager, her child protection worker, the unborn child’s child protection worker, a public housing manager, her partner’s mental health case manager, her partner’s drug and alcohol case support worker, a hospital social worker, a prenatal support worker and a complex care coordinator.

The family may not be represented in the planning process and each of the workers has defined responsibilities for their own client (based on programs being administered). No one is looking at the whole picture, including the family, supporting them to develop a comprehensive plan and prioritise services, or reviewing the family’s progress and improvements.

A project supporting people who are living in marginalised housing (such as boarding houses) and those experiencing homelessness is a good example of how fragmentation impacts on client outcomes.

Program funding is drawn from five different funding sources across the Victorian and Commonwealth Governments. A Community Service Organisation attempts to pool this funding to increase flexibility across the program - but these attempts have been hampered by the requirement to report separately on the acquittal of funding from each of the five sources.

Because of the separate reporting requirements, there is no data available on the performance of the project as a whole, or on the outcomes achieved for the client group.
A program focus instead of a people focus

Each person who approaches DHS for assistance has a unique set of needs and circumstances. But the way the system currently operates – with three distinct program areas – prevents us from addressing a person’s needs across the boundaries of the programs.

By only enquiring about a person’s specific area of need, we fail to understand what else is going on in someone’s life. This also means that when a person has multiple areas of need, they must navigate the complex human services system to find the services they require. This can be a frustrating and time-consuming experience for people, and a costly and inefficient process from a system perspective.

The workforce is constrained in silos

Workforce issues are key to taking a whole-of-client approach, but the human services workforce largely operates in separate program areas. Feedback from clients’ experiences of services shows that although the work of individual staff is appreciated, there is little coordination between workers, within and across programs, sectors and the system.

DHS employs disability workers and child protection workers, youth justice workers and housing officers, as well as supporting positions in family violence and homelessness services. Much of this workforce has a social work background. Despite this, there is little movement between service streams and only slightly more movement from practitioner roles to administrative and management roles within the public service.

The workforce within the broader human services system is similarly structured, reflecting issue or program-focused funding and organisational structures, rather than structures which support a client-centred approach.

Fig. 4.1
Programs deliver services in silos
Holistic service delivery is not compatible with our program-centred structures

In a high demand environment, services are often highly rationed and focussed through a single program lens, assessing clients in terms of their eligibility for specific programs. Although managing demand pressures will always be challenging, this approach may not take a person’s full life circumstances into account. Often the underlying issues are recognised but the service response limits workers’ flexibility to take a holistic approach. Additionally, clients may have little influence over the decisions about the type of supports that are offered to them or how they are delivered, which may encourage feelings of dependency and powerlessness.

Fig. 4.2
Potential number of interactions between a family with multiple needs and workers

The clients’ progress through the system in Figure 4.2 is not coordinated. DHS business systems and funding structures do not support individual programs or agencies to coordinate their work in a way which would streamline a clients’ interactions with individual services.
We focus on the immediate, presenting problems

Services are delivered to a person in response to a particular problem, issue or crisis in their lives, provided that they meet the eligibility requirements for that service. Consequently, there is real potential to overlook a person’s or a family’s underlying issues, which can deepen if not addressed. Often the underlying issues are recognised but the service response limits workers’ flexibility to take a holistic approach.

Crisis support services are critical for people in urgent need. DHS has specific statutory responsibilities in child protection and youth justice which mandate service responses in particular situations, such as when a child is determined to be in need of protection under the Children, Youth and Families Act 2005. However, it is important to achieve a balance between maintaining the capacity to respond in crisis situations or where statutory intervention is required, and delivering more holistic services that provide clients and families with the supports, skills and capabilities to move out of disadvantage. Doing this effectively should mean that fewer clients and their families progress to needing crisis supports or statutory interventions.

At present our system is focused on immediate support and stabilisation, at the expense of programs that build on a person’s strengths and capabilities. There are major gains to be had in supporting clients who are most able to re-engage in work and training and to start self-managing.

While self-management will always be a challenge for clients with complex and chronic conditions, there is an imbalance towards crisis support, and not enough assistance for early intervention to decrease the chances of families falling deeper into disadvantage.

Fig. 4.3
A traditional welfare paradigm focuses on immediate support and stabilisation activities.
The current system may encourage dependency

There is always a risk that some people will become dependent on services to provide them with the necessities of life, especially if services are overly focused on stabilisation and recovery from crisis at the expense of building capability and self-sufficiency.

Some vulnerable clients with multiple and deep-seated disadvantages will require support and protection throughout their lives and our system should be positioned to provide this support in the most effective way. However, many clients have greater potential for independence and, with the right support, could fully participate in their community, in education and work. ABS data indicates that children of jobless parents are significantly more likely to be jobless as adults, and that the strongest predictive link of welfare usage is levels of personal human capital (education, employment, and work-limiting disability).

Effort is not properly targeted to the right people

An inflexible approach to client assessment and service delivery can lead to both under-servicing and over-servicing: when clients are required to fit in to particular programs, it is unlikely that the services involved will match their particular needs. This means resources are wasted and the long-term sustainability of the system suffers.

Tailoring support to the particular needs of people and their families, from ‘light-touch’ support through to intensive case management, would achieve better outcomes for people with the same resources.
Part 5
An integrated approach

There are many dedicated and highly skilled people and organisations within the human services system in Victoria, and many examples of their good practice. The challenge ahead is to make these examples the general rule, not the exception.

The frustration for many DHS staff and service partners is the inability to turn successful trials and pilots into mainstream practice.

Existing pockets of great practice provide a model for the improvements needed system-wide. The key question is how this can be done: what would a more effective and efficient human services system look like?

DHS will be talking with staff and the sector in future months about how to take innovation to scale. This is critical and will require broad buy-in.

The starting point for future discussions is five core principals that will guide our approach.

The Government has begun to put these core principles into practice through the Families Statement and the DHS Client Charter, as well as area-specific policy reforms like the Homelessness Action Plan and the Victorian Government’s commitment to a National Disability Insurance Scheme.

Benefits of a strengths based approach – Youth Foyers

Youth Foyers provide an example of a service delivery innovation that has been tried and tested in an international context, and expertly adapted for implementation in Victoria.

The Victorian Government has committed $30.1 million for the development of three 40-bed Youth Foyers, which are targeted at young people who are homeless or at risk of becoming homeless. Youth Foyers are a foundation for young people so they can stay in education, keep healthy and achieve their work goals, by having the right support and stable accommodation. The Youth Foyers Program will focus on building the strengths of each young person to achieve their goals and realise their full potential, and if appropriate, reconcile with their families.

Based on an early intervention and prevention model, Youth Foyers were first developed in France over 40 years ago and adopted in the United Kingdom in the 1990s.

Five principles for an integrated human services system

1. People are at the centre of everything we do. We take all of our clients’ life circumstances into account, and work with individuals and families to improve their outcomes. We recognise the diversity of our clients and are guided by their needs and choices.

2. People in need should have access to the right support, provided in a cost-effective way. Supporting clients to lead independent and meaningful lives by building their capabilities is the long-term goal.

3. All parts of the human services system should work together. By aligning and integrating the human services system we can reduce duplication and focus on shared outcomes for our clients.

4. A skilled workforce is key to a more integrated system and to better client outcomes. Our workforce should have the skills, tools and the right accountabilities to support clients to improve their lives.

5. Victorians who access our services will be valued, respected and treated fairly at all times.
Principle 1: People are at the centre of everything we do.

In a system that gave full effect to this principle, support for an individual or family would be tailored to their needs. Regardless of the presenting issue, assessment would consider the impact of a client’s family situation and other people in their lives as well as their housing, disability and financial situations. We want to work with clients to improve their outcomes together, and this requires a commitment from both parties to reach personal goals.

All assessments, from straightforward screening and referral through to comprehensive assessments for intensive case management, would be focused on what is needed to improve life outcomes, not on eligibility for a particular service.

Fig. 5.1
The activity phases leading towards self-management.

This pathway to self-management can start and end at different points and some phases occur concurrently, depending on client need and capacity. The definition of self-management also differs for every client and depends on their unique capacities and circumstances. Recent innovations in disability services, such as the Individual Support Packages, demonstrate that we don’t always take a linear approach and that we can re-order and arrange the activity phases based on an individual’s characteristics and needs. It should also be noted that the ‘immediate support’ phase is not a progression phase leading on from early intervention. It is only necessary when people present in a state of urgent and immediate need.
**Principle 2:**
**People in need should have access to the right support, provided in a cost-effective way.**

A system that gave full effect to this principle would work across all phases of the ‘early intervention to self-management’ cycle, building people’s capabilities, consistent with their personal strengths and capacity, to:

> self manage wherever possible, and be in our system only when they need to be
> be connected to their community
> participate in the economy.

Streamlining contact for those clients who only required ‘light touch’ support would allow better targeting of support to those in greatest need, including those requiring statutory intervention. Differentiated levels of support and bundles of services based on client aspirations, desired outcomes and support plans would be offered.

As the frontline to disadvantage, DHS is in a unique position to connect people to education, training and employment. This will involve a stronger focus on working with our partners, influencing other parts of government that are primarily responsible for education and employment, and connecting clients to the services and opportunities that will build their social and economic capacity.

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**Fig. 5.2**
An integrated approach will address the personal, economic and community aspects of a person’s life

An organisational structure that is flexible, client-centred and outcomes-focused, will deliver better outcomes for clients than existing quotas and targets.

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![Image of a person laughing]
Principle 3: All parts of the human services system should work together.

In a system that gave full effect to this principle, clients would experience seamless service delivery from all human services agencies and organisations. The network of professionals working with a client would work with each other and consider their client’s overarching needs.

Behind the scenes, all governments, federal, state and local, would need to work together to make the service delivery experience a seamless one, and to better understand incentives and disincentives embedded in the system that may limit the chance of success.

This would be about more than just coordination or adding new layers of bureaucracy to the existing framework. It would represent genuine collaboration between all relevant organisations and professionals towards shared outcomes for clients.

The Victorian Homelessness Action Plan reflects the importance of understanding clients’ differing levels of need.

Homelessness affects people from different age groups, backgrounds and circumstances including families with children, young people, adults and older people.

People at risk of homelessness, or who are experiencing homelessness for the first time, should be able to access effective and timely assistance to get back on their feet quickly.

For people with a history of housing instability and/or multiple episodes of short term homelessness, the service response should focus more on supporting to stabilise people’s lives, addressing individual needs, connecting people with support services and building capabilities that break the cycle of homelessness.

A small but significant proportion of people have experienced long-term homelessness. This group is more likely to require intensive and longer-term personal support and health support, combined with supportive housing.\(^\text{40}\)
Principle 4: A skilled workforce is key to a more integrated system and to better client outcomes.

A system that gave full effect to this principle would properly recognise both the specific skills needed for particular clients and competencies required by all human services professionals. Recognising the core skills of human services workers will open up new areas of career development and progression, and help break down departmental silos. While recognising the vital importance of specialisation, such cross-system movement would encourage deeper and more productive collaboration between different parts of the system.

Training and professional programs would be aligned with this cross-system focus, equipping workers with a set of core proficiencies and offering options for specialisation. Human services workers would have access to a clear career progression pathway, including those who wished to maintain a clinical focus in more senior roles.

This collaborative and multi-disciplinary framework would operate together with a strong focus on complying with statutory requirements to ensure relevant workers continue to be supported to carry out their statutory responsibilities.

Principle 5: Victorians who access our services will be valued, respected and treated fairly at all times.

A system that gave full effect to this principle would offer clients better services delivered in a more client-centred way. This could include services delivered via more flexible mediums, including outreach, drop-in visits, telephone, internet and mobile applications. Clients would have more flexibility to choose the most appropriate 'access point' for their location, cultural and linguistic background, and level of need.

Encouraging clients with higher levels of independence towards self-service and less intensive support options would free up more resources for clients needing more intensive, face-to-face support.

Streamlined access and screening processes would mean clients could tell their story once, at first contact, and not have to repeat the same information each time they met a new staff member or accessed a new service. Information sharing protocols would maintain appropriate privacy protections.

Understanding the experience of exclusion and how it impacts on the lives of vulnerable people, their families and communities is central to improving government systems and services, particularly for Aboriginal people. If individuals, families and communities do not trust service providers or fear discrimination, their access to services will be diminished. This in turn diminishes the ability of some to achieve the same opportunities and outcomes as other members of the Victorian community.

All Victorians will benefit from changing the way government departments and services engage, relate to, and deliver services to individuals and families, to make them more inclusive and respectful.

Fig 5.4
An integrated approach requires all of our service partners working together in the interest of clients
Part 6
Benefits of an integrated approach

While it is important to consider our challenges and opportunities for change at a system level, the overriding purpose of our system is to make life better for vulnerable and disadvantaged Victorians. As such, it is important to look at the benefits of an effective system from the perspective of the individuals who come into contact with it.

This perspective is illustrated by the personal stories of two former DHS clients, Stacey and Gary.

Stacey’s story
Stacey today stands as a successful businesswoman and inspiration to many. However life wasn’t always so good for Stacey: throughout her childhood and teens, she endured physical and sexual abuse, family violence and homelessness.

At age 21 she reached a turning point. She was given an ultimatum to release her children into out-of-home care, or to leave her violent relationship and get back on track. She entered counselling and her life started to change to the person we see today.

Through her own strength and courage, and some firm ultimatums presented by the child protection workers involved with her young family, Stacey overcame the odds and changed her life. Today she is a published author, motivational speaker and ambassador for two youth foundations, and runs a successful small business. She is part of a loving family in a loving home.

The most important benefits for Stacey from turning her life around are intangible and immeasurable: a successful and happy life. But there are also tangible benefits to Stacey’s success – both for her, and for the Victorian community and economy.

<table>
<thead>
<tr>
<th>Age</th>
<th>Government involvement</th>
<th>Life event</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 months</td>
<td>Removed from mother’s care</td>
<td>Serious neglect</td>
</tr>
<tr>
<td>1 year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>Physical abuse</td>
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<tr>
<td>3</td>
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<td>4</td>
<td></td>
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<td>7</td>
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<td></td>
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<tr>
<td>8</td>
<td>Child protection contact</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>No disclosure of assault, further action</td>
<td>Sexual assault</td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
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<tr>
<td>11</td>
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<td>14</td>
<td></td>
<td></td>
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<tr>
<td>15</td>
<td>Discharged from hospital without further services</td>
<td>First child</td>
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<td>16</td>
<td></td>
<td></td>
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<td>17</td>
<td></td>
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<td>18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Declined offer of public housing</td>
<td>Second child Homeless Violent relationship</td>
</tr>
<tr>
<td>20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Major child protection intervention: life turning point</td>
<td>Third child injured when four months old</td>
</tr>
<tr>
<td>22</td>
<td>Exitng violent relationship No disclosure of assault, no further action</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Ongoing rebuilding of self-esteem, skills and career</td>
<td></td>
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<td>24</td>
<td></td>
<td></td>
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<tr>
<td>25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Met fiancé, started stable relationship</td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Started coaching young mums</td>
<td></td>
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<tr>
<td>28</td>
<td></td>
<td></td>
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<tr>
<td>29</td>
<td>Fourth child</td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Fifth child</td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Ambassador for youth foundations</td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Published author</td>
<td></td>
</tr>
</tbody>
</table>
Stacey’s success can be viewed through two lenses:

<table>
<thead>
<tr>
<th>Personal</th>
<th>Government</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stacey and her children now live free from violence and fear</td>
<td>The cost to the Victorian Government of responding to family violence – including direct programs, impact on other services, and assistance to victims – is estimated at over $140 million per year.41</td>
</tr>
<tr>
<td>Stacey’s children have a supportive family environment, an economically successful mother who is providing a stable and loving home with her partner</td>
<td>Statistically, Stacey’s children are well placed to avoid expensive child protection interventions, youth justice services, additional health costs associated with disadvantage etc. The average annual cost of a non-custodial youth justice client is $52,843.42</td>
</tr>
<tr>
<td>Stacey is an economically active member of the community</td>
<td>Stacey lives free from Government welfare. Her children are statistically likely to do the same.</td>
</tr>
</tbody>
</table>

Stacey also serves as a reminder that all individuals and families who come into contact with the human services system have hopes, aspirations, capabilities and potential.

Her story, however, is not a demonstration of the benefits of connected services. Ideally, had the system worked in a joined-up way, Stacey’s need for assistance from the human services system could have ended at the age of two months, or two years, or any of her later points of contact. These were opportunities lost.

In contrast, Gary’s story illustrates the powerful benefits of human services joining together to support clients.

Gary’s story

Like over 150,000 Victorian children today,43 Gary grew up in a jobless household. Gary had a negative school experience and didn’t complete a subject after year eight.

Between the ages of 14 and 17, he moved into and out of the youth justice system twice, and experienced alcohol abuse and homelessness. But at the age of 17, something happened to change his life course.

Gary’s youth justice worker took it upon himself to round up what turned out to be nine workers involved in Gary’s life. This worker took the lead to bring together the plans of each of these workers, and make his choices, incentives and personal responsibilities clear.

This showed Gary that someone cared for him and thought that he could have a future – something that most people take for granted, but that had been absent from Gary’s life up to that point. Gary began to understand the importance of his own involvement in decisions that affected his life. With the right support from dedicated professionals, Gary made choices that set him on a path towards self-reliance and success.

The result was a successful pre-apprenticeship completion and a transition to an apprenticeship. By internal DHS calculations, the cost of these interventions was around 10 per cent of the cost of Gary progressing to the adult justice system, moving though alcohol and drug services, emergency accommodation and public housing.44 Based on Gary’s history and pattern of behaviour, this alternative course was a considerable possibility.

Today Gary is a fully qualified plumber running a small business in the south east of Melbourne. Gary now has two children and a happy home. Like Stacey’s, his story is a personal triumph with wider benefits for the state.
**What do these stories tell us?**

Stacey’s and Gary’s stories highlight the immeasurable benefits from escaping disadvantage – for the individuals and their families, and our society.

They also highlight the huge potential from moving beyond individual success stories that occur despite the system, to deeper and broader successes that are supported and encouraged by the system.

If the system can be transformed so that these stories become the rule and not the exception, significant and extensive benefits become possible.

Rather than just looking for more resources to tip in to a poorly functioning system, this would mean extracting the maximum benefit from the resources that are already available: $3.4 billion of expenditure in 2011/12 for DHS alone.

Getting the level and timing of intervention right is critical. While Gary needed intensive, wrap-around services for a short period, most or all of Stacey’s negative experiences could have been avoided if the right connections had been made early in her life.

By properly matching the right services to people’s needs, more clients could be assisted on the path to self-reliance, rather than cycling in and out of the system as personal crises recur.

For other clients, fully independent living is not a realistic goal. High needs disability clients, for example, are likely to require ongoing support throughout their lives. Giving these clients and their carers more control and flexibility over how they access services, and what services they access, maximises their opportunities to lead meaningful and dignified lives. This can prevent the escalation of support needs and the emergence of co-morbidities such as mental health issues, further reducing pressure on services over time.
Part 7  
Testing our ideas, starting with case management

The case to strengthen Victoria’s human services system is powerful. We want to invest our efforts in designing, testing and building a new integrated service delivery platform, which is no small task.

We can begin to deliver benefits to vulnerable Victorians now by improving the way DHS works with clients and their families.

**Case management, just the first step…**

We will take the first step in the development of a new human services system by changing the way we facilitate case management for our most vulnerable clients.

Starting with case management reforms in one rural and one metropolitan setting provides a contained environment to evaluate the effectiveness of the new approach, and develop tools, strategies and systems that can be used across the service delivery system.

This chapter sets out the design features of the case management model that will be implemented in two lead sites, Dandenong and Geelong/South West Coast from February 2012.

The Victorian Government has committed to strengthening case management to effectively deliver the full range of support needed by individuals and families, including allocating individuals or families a case manager who is the key point of contact or who has responsibility to work with them and advocate for them to access the services they need.

Across the human services system, there are a number of different terms used to describe case management, including the terms care coordination and care facilitation, used within the mental health sector. In their intention, these various terms are overlapping and have varying scope and nuances in different parts of the human services system. The key issue for the human services system will be how the layering of general and more specialist care and case planning and coordination will fit together. Advances made in care coordination efforts across the system are something that this model seeks to build from, learn from and link with, particularly in the light of recent Commonwealth investments in this area in the mental health sector, and the critical relationship of these reforms to the introduction of the National Disability Insurance Scheme.
**Designing the new model**

In response to feedback from clients, other stakeholders and staff, looking at best practice and learning from successful models, we have designed a high-level framework for the new case management model.

**It features five significant improvements.**

1. **Coordinated access and screening**
   
   A coordinated response will begin from the first time an individual or family comes into contact with the human services system, whether via a community or government-run service. Regardless of where or how the first contact occurs, the client will have a simpler and more streamlined process to get the information, support and services they need.

2. **Holistic needs identification**
   
   Regardless of their presenting issue, all individuals and families coming into contact with the human services system will be offered a single simple process to identify their needs. This process will also identify the immediacy of those needs and the intensity and type of supports required to address them.

3. **Targeted service responses**
   
   The intensity of assistance provided to clients will vary depending on their support needs and capacity for self-management.

   Those with the highest level of support need and/or lowest capacity for self-management will be provided with managed support. Those with less intensive support needs and a greater capacity for self-management will receive guided support. A range of other individuals and families who have low support needs and a sustained capacity for self-management will be provided with the information and tools to manage their own needs.

4. **Client directed planning**
   
   Planning and support will be:

   **Client centred and directed** – Client directed planning is regarded as best practice to improve client motivation and engagement, increase client choice and empowerment, and improve client outcomes.\(^{45-47}\) Client-centred workers are flexible and work towards client goals rather than tailoring their responses to meet program-directed service requirements.

   **Holistic** – Workers will provide support and planning across an integrated platform of personal, economic and community issues.\(^{48}\)

   **Family-focused** – This approach sees disadvantaged individuals within the context of their personal strengths and the supports they have around them. Importantly, when providing services to adult clients, it includes considering the interests of children as a crucial part of decision making about clients’ needs.\(^{49,50,51}\) Evidence shows that engaging parents, families and carers at all stages of care planning is pivotal to promoting positive outcomes for children.

   **Strengths based** – This approach recognises the individual’s strengths, capacities, talents, competencies, possibilities, visions and hopes in planning to ensure they and their family get the right level of support.\(^{52-54}\) This approach has been particularly successful in engaging families with complex needs who have negative experiences or low trust levels with other agencies to work towards positive outcomes.\(^{55}\) The client ‘owns’ the goals set and supports a continual move towards self-management.

**Managed Support**

Some families and individuals have high and/or multiple personal, social and economic needs that may require intensive and sustained support over time. In these cases, a client support worker will collaborate with the client (and their family wherever possible) to identify their goals and provide the comprehensive planning, support and coordination of services required to achieve their goals.

For example, a high needs family with a range of housing, respite, parenting, alcohol or other drug issues and participation goals may need support for some time due to the number of ongoing and frequently changing issues among family members. In these cases, a client support worker will work closely with the family to identify their goals, coordinate the services they need and advocate for the family across the spectrum of human services.

**Guided Support**

Some families and individuals may require a moderate level of support to resolve the difficulties they are experiencing. In such situations, a case worker will support them to decide on their service and other needs so that they can progress to self support. For example, a client with housing, mental health and employment goals may receive short-term support to develop a plan and establish links with a community psychologist and employment support agency.

**Self Managed**

The majority of the DHS client base is already capable of self management with minimal additional support. The individual or family may require information, referral options or a single service, but is capable and confident enough to access these supports themselves.
5. Personalised service offers

The new model will respond to the unique combination of needs of each individual and family by offering a personalised service response. A service offer may include one or more DHS-delivered or DH/DHS funded services, plus support and information in mainstream services offered by other government agencies.

In this way, the individuals and families who require our assistance will no longer have to fit their needs to rigid service systems. Rather, services will respond to their individual circumstances, address their particular needs and maximise their ability to achieve the outcomes they are seeking.

Statutory services and crisis response

Statutory interventions will continue to operate in the case management sites alongside the new case management model. For example, families in the statutory child protection system may have a need for a range of interventions which could be coordinated through managed support, with a child protection caseworker forming part of the team of professionals working with that family. Intake to crisis response services will also continue to operate through existing channels such as the Child Protection Crisis Line.

Other services such as Child FIRST will form part of the network of services to which families not requiring managed support can be referred, whether or not they are in receipt of managed support.

The client experience

For individuals and families accessing the new case management model, the experience will be streamlined, personalised, and focused on achieving more sustainable outcomes.

Fig. 7.1
Features of the new model

One Needs Identification

One Client Record

One Key Worker & Team

One (Family) Plan

Better Outcomes

Clients will only need to tell their story once, and a single client record will then be created so that all relevant client information is accessible to the right worker at the right time.

For an individual client accessing a number of programs or a family with a range of issues, there will be one skilled support worker to plan and coordinate support across the range of services and specialist support required.
Consistent with feedback from practitioners, a number of structures will be embedded in local practice to support the key workers.

- Client support teams will come from diverse program backgrounds to share practice knowledge, provide peer support, and assist in breaking down silos. Client support workers will be employed as advanced skill practitioners in recognition of their complex and challenging work.  
- Skilled team leadership will support all key workers to reinforce a positive holistic culture change that places the client at the centre of service delivery.
- Access to a senior practitioner or practice coordinator to provide leadership and expert advice in complex case decisions.
- A program of ongoing professional development to support the wide range of skills required.
- Common client outcomes measurement embedded in routine case practice, with practitioners able to monitor their own work through consistent and reliable outcomes reporting data.

One client (or family) plan

Collaborative planning between the client and the key worker will be an integral feature of the model.

Clients may have either a family or an individual plan.

A case-planning tool will be used to facilitate a collaborative conversation between a key worker and the client about the things that are going well in their lives and the things that need to improve. Together they will use the information to plan for other services and supports required, and to plan the actions that the client will undertake to support positive change.

Monitoring of the client support plan and the client’s progress towards goals, including appropriate, sustainable exit options, will occur via regular outcome reviews.

Refining case management through practical experience

These broad design features will represent the starting point in our reform of case management. They will continue to be refined and improved as rollout progresses and we begin to learn through practical experience of the model.

An ongoing conversation with our partners in the human services sector will be crucial as we implement these reforms and begin to develop our ideas about broader system change. The next steps in this process are outlined in the next part.
Complete system change requires significant time to be fully realised. For DHS, the transition from delivering $3.4 billion of programs every year to a more personalised response that engages people and builds their capacity, will not be simple, quick or easy.

To achieve the transformative change outlined in this document, we must work in partnership with our workforce, our service delivery partners, across the Victorian Government, and with other levels of government in the human services system.

A better human services system cannot be built without broad buy-in and we look forward to working with our partners to design a better system together.

Over the coming year, we will be meeting with a broad range of stakeholders to develop our thinking on how to improve the overall service system.

While our vision and principles for a better human services system are clear, a detailed map of how to achieve our vision will be developed in close partnership with the human services sector.

There will be many opportunities over the coming year to get involved in change, as we share the knowledge of what we learn from case management reform in Dandenong and Greater Geelong/South West in early 2012.

DHS will put the principles of Human Services: The case for change into practice with the reform to the case management model at these two sites.

The reforms in these sites will allow us to start tracking the impact of our new approach on the ground through ongoing evaluation and action learning. The sites are an important first step in building a strong evidence base for a new, integrated service delivery model focused on the needs of individuals and families.

Learnings from the case management reforms will inform the development of this broader service delivery project.

We are excited to be working with the dedicated and skilled staff both within DHS and in the broader human services sector.

We look forward to working together as we begin our efforts to address the complexity of entrenched disadvantage, and tailor our system to support vulnerable Victorians on a path towards greater self-reliance and fulfilment.
Endnotes


3    Determinants of disadvantage considered were: economic (low income, no access to funds in an emergency; jobless households); personal (poor self-assessed health; education below year 10); and social (feeling unsafe at home alone after dark; unable to get support in times of crisis). A person who has one or more determinants of disadvantage does not necessarily require a service from one or more providers.

4    Data are second quarter 2011, provided to DHS by the Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA).


9    Data provided by Aboriginal Communities Branch, DHS, December 2011.

10    ABS, 1367.0 - State and Territory Statistical Indicators, November 2011, last accessed on 11 December 2011 via http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%Subject/1367.0~2011~Main+Features~Average+Weekly+Earnings~3.8


15    Australian Bureau of Statistics (ABS), Socio-Economic Indexes for Areas, last accessed on 6 December 2011 via http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%Subject/1367.0~2011~Main+Features~Average+Weekly+Earnings~3.8

16    Population data prepared by Department of Planning and Community Development, based on the latest available Australian Bureau of Statistics population estimates as at 30 June 2010.


20    Community Based Juvenile Justice Services in Victoria: Shaping Services and Funding, DHS internal document, 2006

21    Australian Government, Budget Paper No. 1, 2011-12

22    This does not include $380 million per annum in rental revenue.

23    Victorian State Budget 2011-12, Budget Paper 3

24    Victorian State Budget 2002-03, Budget Paper 3 (actual 2001/02 expenditure for disability services and mental health converted to 2011 dollars)


26    Jane Akister, Matt Owens and Ian M Goodyer, Leaving care and mental health: outcomes for children in out-of-home care during the transition to adulthood, Anglia Ruskin University and Cambridge University, UK, May 2010, last accessed 12 December 2011 via http://www.health-policy-systems.com/content/8/1/10


Total cost may therefore be an underestimate.

45. Case Management Guidelines, Disability Client Services, DHS, Southern Metropolitan Region, 2011


53. Case Management Guidelines, Disability Client Services, DHS, Southern Metropolitan Region, 2011


61. KPMG, 2011, Evaluation of the Child and Family Services Reforms, DHS, Melbourne


63. Case Management Guidelines, Disability Client Services, DHS, Southern Metropolitan Region, 2011

64. Case Management Society of Australia, www.cmsa.org.au

