

## Systems Leadership:

Exceptional leadership for exceptional times

## Source Paper 4d

# Systems Leadership for Children's Services in Australia

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## Acronyms

CAMHS	Child and Adolescent Mental Health Services
CDSMC	Community and Disability Services Ministers Council
COAG	Council of Australian Governments
DEEWR	Department of Education, Employment and Workplace Relations
FIFO	Fly In Fly Out
KTS	Keep Them Safe
NFPAC	National Framework for Protecting Australia's Children
NGO	Non-Government Organisation
NSW	New South Wales
SPRC	Social Policy Research Centre
UNSW	University of New South Wales

## Introduction

This review summarises the policy context for delivery of children's services in Australia and provides examples of leadership in cross-sector systemic initiatives in children's services. The review begins with a description of the governance structure of Australia as it pertains to children's services. It then focuses more specifically on child protection and examines in more detail system developments in this area at the commonwealth and state levels, focusing on the relevance to systems leadership. The review then goes on to describe two further initiatives – one focused on the early years and one in Child and Adolescent Mental Health Services (CAMHS), both of which were aimed at providing holistic cross sector early interventions, and again focused on system leadership and governance. It should be noted that there is very little literature or research in Australia relating to leadership itself. Most of the evaluations of policies and programs described here included a process evaluation which addressed issues around governance and management, mainly focusing on structural and process challenges. However leadership often emerged as a significant factor in the successful implementation and progress of these cross sector programs, and the review attempts to identify the most relevant lessons from these findings.

## Australian context

### Overall structure of services and policies

Australia has a Federal structure which involves three tiers of government:

- The Commonwealth (Federal) government
- Six states and two territories
- Local governments

All taxes are collected by the Commonwealth except for land rates. Money is disbursed by the Commonwealth to the states and territories according to agreed formulae. Local governments generally do not provide services to children and families (except in Victoria where many early years' services are delivered by local governments).

Services for children and families in Australia are provided by a range of statutory and non-government (NGO) organisations. Statutory organisations include those funded directly by the Commonwealth and by states. Similarly both commonwealth and state governments fund a number of programs run by NGOs.

The configuration of services also differs by sector. For example in Health, primary health services are funded by the commonwealth, but hospitals are funded by states. Education is provided by the states but the commonwealth funds some programs and sets national policy such as the national curriculum. Disability services are provided by states, but they are governed to some extent by a National Disability Agreement which stipulates the data which states collect and provides some standards for services.

Many areas of social policy are coordinated through the Council of Australian Governments (COAG) which brings together commonwealth and state legislators and civil servants. COAG coordinates a range of national programs, sets standards for services and establishes policy objectives. It is served by a number of sub committees which focus on particular sectors such as health, community services, aged care and disability.

Thus in the Australian context cross-sector provision (and leadership) could involve a combination of service provision across:

- Type of providers (statutory and NGO – and increasingly private providers)
- Government departments (Health, education, disability, community services, youth justice, housing etc)
- Tiers of government (state and commonwealth)

Australia, like the rest of the developed world, is increasingly committed to ‘whole of government’ and ‘joined up’ approaches to addressing complex areas of service provision, the complexity of its governance structures makes this more challenging than in countries with a more unified structure such as New Zealand and England. Leadership in this area is particularly challenging, particularly because the commonwealth and states are often driven by conflicting political priorities, and not only financial and bureaucratic constraints. Nevertheless some progress is being made in various aspects of child welfare to bring together the key stakeholders to ensure that services are more holistic and better coordinated.

Many of the more recent programs initiated federally and at a state level are place-based (area based) initiatives. Place based initiatives provide a number of advantages for policy makers in Australia, in particular:

- They are considered to be more cost effective than broader programs because vulnerable families in Australia (as in most countries) are geographically concentrated.
- It is considered to be easier to coordinate services at a community level than at higher levels of governance.
- Political parties of both left and right are committed to increasing social capital (and social inclusion for the Labor party), and place based initiatives are seen to facilitate this objective.

Service provision in Australia is particularly challenging because of its geography. The vast majority of the population live in major cities, and of the rest, the majority live in relatively large towns. Regional and remote areas are therefore very difficult to serve, not only because of the vast distances which service providers have to travel (in many areas settlements may be hundreds of kilometres from each other), but also because of the difficulty of attracting staff to work in these areas. In consequence many services are provided sporadically by ‘Fly In Fly Out’ (FIFO) providers from the cities or people in remote areas are themselves flown into cities for services. None of these options provides optimum quality of services.

The Australian population is extremely diverse, with 27% of the population having been born overseas and over half having at least one parent born overseas. Although the majority of immigrants are still from the UK and New Zealand, the proportion of immigrants from English speaking countries is declining and immigrants from Asia in particular are increasing(COAG, 2009).

Indigenous Australians (Aboriginals and Torres Strait Islanders) make up around 4% of the population, but are vastly over-represented in child protection, juvenile justice and health services. [get figures]. Provision of culturally appropriate services to the Aboriginal and Torres Strait Islander community is an ongoing challenge for all service providers.

## Children's Services

Child welfare and child protection services are provided by the states, and each state has its own child protection system. However the commonwealth is developing a National Framework for the Protection of Australia's Children (COAG, 2009) which is in part an attempt to coordinate certain aspects of child protection practice (see more detailed description below). In addition the commonwealth directly funds a range of programs aimed at supporting children and families. At the commonwealth level of governance policies relating to children's services are split between a number of departments. Families, parenting and school aged children are the responsibility of the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA). Early years and youth services are within the portfolio of the Department of Education, Employment and Workplace Relations (DEEWR). Juvenile Justice and family law are within the portfolio of the Attorney Generals Department (AGD). The Department of Health and Ageing (DoHA) is responsible for child and adolescent mental health services (CAMHS). Thus there is considerable overlap of policy portfolios, but few mechanisms for cross-departmental initiatives or joint funding.

Australia has a relatively well developed NGO sector in children's services, and the majority of family support type services are provided by NGOs. In some states such as Victoria NGOs also provide OOHC services, especially fostering. Many NGOs receive funding from both the commonwealth and state governments, sometimes to run very similar programs. Unlike the UK, there are very few large children's NGOs. All the largest NGOs bar one (the Smith Family) are originally church based organisations and they all have strong links to their church of origin. They all provide services across the life course. Provision of services to children is therefore largely undertaken by medium sized state-level agencies or small regional or local agencies. In each state and territory children's NGOs are represented by a 'Peak body' – an organisation which coordinates the views of children's NGOs and represents them to the state government. At the national level the peak body is Families Australia (<http://www.familiesaustralia.org.au/>). However these are loose coalitions and the sector does not have a clear governance structure. .

## National child protection system reforms

Over the past 15 years Australia has experienced massive increases in child protection notifications and substantiations and rates of children in out of home care (OOHC). Although starting at a lower level than other English speaking countries, child protection activity since 2000 has grown in Australia a faster rate than in the UK, Canada or the USA .

Historically the commonwealth has not had any role in child protection policy or practice other than collecting and reporting child protection data from states and territories by the Australian Institute of Health and Welfare<sup>1</sup>. Each state and territory has its own legislation and operates its own child protection system, which, although similar in some respects, are by no means identical. In the mid 2000s a coalition of NGOs formed to pressure the federal government to begin intervening in child

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<sup>1</sup> The AIHW publishes similar reports for a wide range of social policy areas including health, disability, aged care, crime etc, so child protection is not unusual in this respect.

protection. It was apparent that child protection was in crisis in most states. Virtually all states had initiated major enquiries into the child protection system after high profile deaths, but these had generally not resulted in substantive improvements. In particular notifications and children in OOHC continued to rise.

In 2008, after the election of the Rudd Labor government which was more sympathetic to 'joined up' solutions (and in a context in which all the state governments were also Labor at the time) agreed to initiate a process through COAG to begin reforming the child protection system. The philosophy behind the reforms was also informed by Professor Dorothy Scott, who had long advocated for a change of child protection system to a 'public health' model. This was encapsulated in a document *Inverting the Pyramid* (The Allen Consulting Group, 2008). After a period of consultation the *Framework* was published (COAG, 2009). The overall leadership of the reform was given to the Community and Disability Services Ministers Council (CDSMC) a subcommittee of COAG. The *Framework* document contained a number of programs of action and three year targets. The framework was renewed in 2012 after a review of the first three years, and a number of new initiatives announced, the most important being the intention to appoint a National Children's Commissioner (still to be appointed).

Whilst there has been overwhelming consensus for the thrust of these reforms, the process for progressing the policy and practice changes has been rather painful and slow, involving the Federal government, states and territories and the NGO sector, each with its own agenda (and sometimes competing agendas within sectors) and with few resources to facilitate the process. The overall leader of the process is the minister for community affairs (Jenny Macklin, who has been in the portfolio throughout this period) but child protection has been low down in the list of policy priorities within the portfolio. This has meant that leadership has effectively fallen to bureaucrats with little political impetus other than to achieve the targets set out in the report. Although the original intention was major reform, the actual programs which were initiated under these reforms have been small scale and piecemeal. Two examples include:

### ***Common Approach to Assessment Referral and Support (CAARS)***

<http://www.aracy.org.au/projects/caars-common-approach-to-assessment-referral-and-support>

One of the key reforms proposed in the first 3 year plan for the Framework was the development of a joint approach to initial assessment by practitioners working with children. As the by-line for the Framework – *Child Protection is Everyone's Business* - implies, an important strand of the reform is to broaden the range of people who will take responsibility for protecting children and promoting their wellbeing. CAARS was an initiative of ARACY following from *Inverting the Pyramid*. The aims of this approach were to initiate the development of a common language across practitioners from different sectors and disciplines; to provide the tools to front line practitioners to address low level family issues 'before problems escalate into crisis' and to reduce referrals to secondary and tertiary services. ARACY initially received money to develop the common assessment and the task was contracted to Allen Consultancy, who undertook a review of international common approaches (including most significantly the UK Framework for the Assessment of Children in Need and their Families (Department of Health, 2000)). Allen Consultancy produced the Approach and a set of tools for practitioners in 2009. Although ARACY bid for a full national implementation of CAARS, with a comprehensive outcome evaluation, they were only funded to trial CAARS in four sites across Australia, with funding for a 'Formative Evaluation' of the implementation of CAARS over 1 year.

Sites from around the country tendered to be involved in the trial. Sites were chosen deliberately to reflect a range of different configurations of services and collaborative histories. In each of the four sites a 'CAARS Champion' (site facilitator) was appointed (these were mostly middle managers seconded for the duration of the trial). The site champions were provided with training by ARACY and were then expected to cascade this training to relevant practitioners and managers in the site. At a midpoint review this model was considered to be ineffective and a more active mentoring role was developed for ARACY. The evaluation was conducted by the Social Policy Research Centre (F Hilferty, Newton, & Katz, 2012). Overall the findings were positive about CAARS and the tools, but there were a number of implementation barriers which were identified.

### System Leadership issues

The evaluation (and the broader project report) identified a number of issues relevant to system leadership. Firstly it appeared that site facilitators who attempted to push through changes by training and persuading different groups of managers and professionals were generally unsuccessful. Although the concept of a common approach was generally approved of, and even welcomed, this was not enough to institute practice and cultural change. The approach was only taken up in agencies where there was senior management commitment and, crucially, the commitment of middle managers. Middle managers proved to be the key players in many agencies. This was not because of their ability to instigate change, but conversely because of their capacity to forestall new practices, even when there was senior management support for the approach. Middle managers had a number of blocking strategies which were deployed in different agencies to impede implementation including:

- Workload—the new approach was burdensome and added to an already heavy workload.
- Remit – their service or agency was not equipped or authorised to engage with families in the way that CAARS suggested.
- Priorities – CAARS detracted workers from carrying out their 'core' tasks and therefore was not justified.

Thus a 'top down' and 'bottom up' approach was not sufficient. Unless middle managers were engaged positively, there was unlikely to be much progress with implementation. To add to this complexity, the issues differed by profession, by site and by agencies. For example it was found to be crucial in the education sector to engage with school Principals. Training school counsellors and teachers and engaging with bureaucrats from the local education departments had little effect unless principals were on board. On the other hand in NGOs middle managers tended to follow the lead of their senior managers.

This raises the second issue – that influencing across sectors was greatly facilitated by the personally engaging key players in different sectors. Whilst the concept of a 'service system' implies a rather de-personalised set of structures, functions and roles, the reality was that the personalities and preoccupations of key stakeholders played a significant role in the ability of the facilitators to mediate the various service systems and sectors. For example when school principals were personally engaged, those who became enthusiastic pushed the changes in their schools without a great deal of resistance.

The third important issue related to structural barriers to implementation in some sectors. For example midwives and early years' nurses (health visitors) already used a range of assessment tools

with new mothers. Although these are clinical diagnostic tools and not meant to develop a common approach, CAARS was considered to overlap with their existing practice. Furthermore CAARS was not a scientifically validated clinical instrument, and was therefore seen as inferior to the evidence based scales already in use. GPs were even more difficult to engage and ultimately no GP used the CAARS. The primary reason for this is that in Australia GPs are paid to use particular diagnostic tools for specific conditions, and since CAARS was not on the approved list, most GPs believed that they would lose money by using the tool, even if they personally supported the process.

The wider implications of these findings for system leadership are firstly that for some professions the way a reform or new practice is 'branded' will play a crucial role as to its uptake. This was particularly true for health professionals, but increasingly applies to other professions. Leaders need to understand the drivers and concerns of each discipline and sector in order to engage them in ways that are likely to change their behaviour. The second important lesson is that influencing across sectors involves doing the groundwork to understand the context in which different professions work, so that innovations are implemented in ways that complement current practice rather than replacing existing practices. Of course if a leader has the authority to impose a new practice or policy the circumstances will be different, but in the case of CAARS participation was voluntary and practitioners and managers needed to see the value in the new way of working. Finally and perhaps most importantly, these findings indicate that structural and policy barriers need to be addressed when implementing practice or policy innovations. Individual and even organisational commitment and enthusiasm are not sufficient drivers for cultural and practice change.

Another significant and rather unexpected barrier to implementation related to the cultural sensibilities in different disciplines. It was expected that there would be some resistance to a more collaborative way of working in universal services and that there would be some anxiety amongst practitioners around providing a more holistic approach. However it was not anticipated that some practitioners would actively resist the idea of talking to children and families about issues they raise. In fact practitioners in some sectors actively avoided engaging with children and families and were reluctant even to discuss personal issues with children when they were raised by the child. This was for example a common response from teachers, but included some health professionals. An important issue was that these practitioners attributed their response to the disciplinary culture of their profession rather than to personal or organisational pressures or beliefs.

Site specific characteristics also played a significant part in the capacity of managers to influence cross-sector collaboration. Broadly two patterns of implementation were found; in the first one the facilitator was placed in a service delivery agency. In these cases implementation within the agency was generally quick and straightforward. However the ability to influence beyond the agency was severely limited as the approach was identified with the agency. The other model involved the facilitator being placed in an agency which was not a service provider. In these sites initial implementation was very slow, but ultimately the range of disciplines and sectors engaged with the implementation was wider and more diverse.



## New South Wales

New South Wales (NSW) is the largest state in Australia with a population of 7.21 million (of the total Australian population of 22.6 million) and a child population (under 15) of 1.36 million of whom 860,000 (63%) live in Sydney.

In NSW children's services are provided by state agencies and a range of NGOs. As with all the other states and territories, NSW has undergone major structural changes and is also in the process of reforming its children's services.

Statutory child protection services in NSW are provided by the Community Services agency (commonly referred to as DOCS – Department of Community Services, its historical name), which is now part of a larger department of Family and Community Services.

All notifications to Community Services are handled through a central helpline. Helpline staff make an initial risk assessment and either refer the case for investigation or close the case. Investigations are undertaken by staff based in offices (Community Services Centres) around the state. Statutory intervention consists of investigation and assessment. Children are either removed if they are considered to be at sufficient risk, referred to other agencies for support services or if there is not sufficient evidence of harm, cases are closed. Community services do not normally engage in supportive work with families. Reporting of abuse is mandatory in NSW. Compared to other jurisdictions in Australia NSW has by far the highest numbers of notifications, substantiations and children in out of home care, despite recent reforms (described below). As indicated in Table 1 NSW continues to have high rates of notification compared to other states. Furthermore the population of children in out of home care (OOHC) in NSW is three times that of Victoria (16,740 in NSW and 5,678 in Victoria).

**Table 1 Children aged 0–17 in substantiations of notifications received 2010–11, by age, states and territories (number per 1,000 children)**

Age (years)	NSW <sup>1</sup>	Vic	Qld	WA <sup>1</sup>	SA	Tas	ACT	NT	Total
<1	11.2	14.5	9.3	5.4	17.5	17.4	12.1	48.3	12.0
1–4	7.8	6.3	5.7	4.1	6.5	11.9	6.3	29.4	6.9
5–9	6.8	5.7	5.4	3.8	5.5	10.0	5.2	22.9	6.1
10–14	6.9	5.9	4.9	3.3	3.7	7.9	5.8	19.2	5.8
15–17	3.6	3.0	2.5	1.3	1.1	3.9	3.2	9.1	2.9
0–17	6.8	5.9	5.1	3.4	5.1	9.2	5.7	22.8	6.0
<b>All children</b>	<b>7.0</b>	<b>5.9</b>	<b>5.4</b>	<b>3.4</b>	<b>5.1</b>	<b>9.5</b>	<b>5.8</b>	<b>22.8</b>	<b>6.1</b>

Source AIHW (2012)

The rates for 2010–11 are a considerable drop from previous years, however, as noted in Table 2. In 2008–09 the NSW child protection system was receiving over 200,000 notifications a year, more than double the rate in 2010–11.

**Table 2 Number of notifications, states and territories, 2006–07 to 2010–11**

Year	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
2006–07	189,928	38,675	28,511	7,700	18,434	14,498	8,710	2,992	309,448
2007–08	195,599	41,607	25,003	8,977	20,847	12,863	8,970	3,660	317,526

2008–09	213,686	42,851	23,408	10,159	23,221	10,345	9,595	6,189	339,454
2009–10	156,465	48,369	21,885	12,160	20,298	9,895	10,780	6,585	286,437
2010–11	98,845	55,718	21,655	10,976	21,145	10,689	11,712	6,533	237,273

Source AIHW (2012)

## Policy Reform in NSW

During the early 2000s NSW began a process of reforming child welfare. NSW set up the first multi-sector early intervention program *Families First* (since rebadged 'Families New South Wales') in 2001, aimed at providing universal early intervention services for families, but targeting vulnerable families.

## Brighter Futures

In 2005 a more targeted prevention program *Brighter Futures* was established specifically to serve families who had been referred to the child protection Helpline but who fell below the threshold of risk requiring a child protection investigation. *Brighter Futures* was established to be a partnership between statutory and voluntary sectors. Historically there has been no collaboration between the sectors, and the relationships had been poor. The *Brighter Futures* model involved a lead NGO agency being appointed each area of the state to work in partnership with the local Community Services Centre (CSC) (the offices of the statutory CP agency, Community Services) and to provide services and sub-contract a range of specified services to other NGOs. Cases were to be allocated to the CSC and the NGO according to a strict ratio. The evaluation of *Brighter Futures* (F. Hilferty et al., 2010) found that the program was moderately effective and had some cost benefits related to preventing children from going into care, but that the 'partnership' arrangement between Community Services and the NGO sector virtually non-existent at a strategic level, where the NGO service providers were viewed as sub-contractors and managed strictly according to contract obligations. There was no management forum for NGO and Community Services leaders to discuss strategic matters. The report concluded:

*... the structure of Brighter Futures appeared to place barriers to true partnership. These barriers included the service delivery contracts, lack of joint governance, decision making about entry, differential data requirements and different working conditions for staff in the NGO and Community Services sectors. In order to move forward these issues will have to be addressed. We are not convinced, though, that handing over the governance of Brighter Futures to the NGO sector would provide the optimal solution. Keep Them Safe is designed to engender a multi-sector approach to child wellbeing within NSW, and the evidence from the evaluation is that the majority of families in Brighter Futures require such a response. It therefore would be most appropriate for Brighter Futures to develop into a truly multi sectoral program, where agencies such as Housing, Health and Education play a significant role in its delivery and management. (F. Hilferty et al., 2010, p. 197)*

This final recommendation was not accepted and Brighter Futures is destined to be handed to the NGO sector over the next few years.

In 2007 the NSW government set up a wide-ranging enquiry into child protection in the state following a particularly horrific child death which had received media opprobrium of Community Services and its management. The enquiry reported in 2008 and produced around 120

recommendations (Wood, 2008). Underpinning these recommendations were three basic principles:

- Expanding the remit of child protection from Community Services to include other statutory agencies (and the NGO sector).
- A greater emphasis on prevention and early intervention.
- Transfer of OOHC to the NGO sector over a 5 year period, leaving Community Services to undertake investigations and assessments and to oversee OOHC but not provide services.
- Reduce the number of children in the CP system, particularly those in OOHC.

## Keep Them Safe (KTS)

The NSW governments' response to the Wood Commission report was entitled *Keep Them Safe* (KTS) (New South Wales Government, 2009). Essentially the government accepted all the 120 recommendations of the Wood Commission and KTS was the implementation plan for these recommendations rather than a strategic policy framework for child protection in NSW:

*"Keep Them Safe: A shared approach to child wellbeing is a five-year (2009-14) action plan to re-shape the way family and community services are delivered in NSW to improve the safety, welfare, and wellbeing of children and young people.*

*The goal of Keep Them Safe is that "all children in NSW are healthy, happy and safe, and grow up belonging in families and communities where they have opportunities to reach their full potential".*

*In particular, Keep Them Safe includes actions to enhance the universal service system, improve [prevention and early intervention services](#), better protect children at risk, [support Aboriginal children and families](#), and strengthen partnerships with non-government organisations in the delivery of community services." <http://www.KeepThemSafe.nsw.gov.au/>*

At the same time as the KTS was first being implemented, the NSW government went through a significant structural change involving the creation of a small number of 'Mega Departments' which incorporated the over 100 government agencies which existed at that time. The Department of Community Services was amalgamated with Ageing, Disability and Home Care, Housing and for a time Juvenile Justice into the Department of Human Services. In 2011 a Liberal (Conservative) government was elected in NSW and the new department (with slightly changed remit) was renamed the Department of Family and Community Services (FACS), with Community Services becoming an agency within the broader Department.

Thus the attempt to bring together state agencies to work in new joined up ways was occurring at the same time as they key government departments were all being restructured. KTS is led by the Department of Premier and Cabinet (DPC) but its lead minister is the minister for Community Services. In the initial phases of KTS implementation DPC set up a Senior Officers Group with representatives from all the relevant state agencies to oversee the process. Although as a central agency with key policy responsibility DPC was well placed to lead implementation and the SOG was led by a senior bureaucrat in DPC, they did not have the technical ability nor the infrastructure to undertake this task. KTS is a complex reform which not only involves new services and referral procedures, but also legal reforms and workforce changes.

At the regional level KTS implementation is overseen by regional coordinators whose role is to facilitate cross-agency collaboration. According to informants these coordinators had variable effectiveness, dependent mainly on their own contacts with different agencies and local knowledge.

## **Communities for Children (CfC)**

<http://www.fahcsia.gov.au/our-responsibilities/families-and-children/programs-services/family-support-program/family-and-children-s-services#cfc>

Communities for Children (CfC) is an initiative of the Commonwealth Government Department of Families and Housing, Community Services and Indigenous Affairs (FaHCSIA). The program is an area based initiative which targets disadvantaged communities and brings together a range of service providers in each community to deliver integrated and coordinated family support services for vulnerable children and families. The program has the following features:

### **Facilitating partner**

This is a non- government organisation (NGO) who is tasked with receiving funds and disbursing them to other organisations to provide services, and to coordinate the program in the local area. The Facilitating Partner was deliberately not named Lead Agency in order to show that its role was to facilitate the development of networks, not to control other organisations.

### **Communities for Children Committee**

The committee involves a group of local service providers from the NGO and statutory sectors who provide the overall leadership of the program in the community. The actual composition of the committee is determined locally, but is expected to include representatives of local service providers, schools, health sector providers and community leaders.

### **Activities**

An intervention plan is developed in each communities based on a needs assessment and submitted to FaHCSIA for approval. Money is then provided to fund a range of activities in the community. Direct Services may include parenting support, family and peer support for children and family members including grandparent carers, facilitated playgroups, case management and home visiting services.

### **Changes**

The program has changed and evolved since it was introduced in 2004. In its first 4 years the program was focused exclusively on families with children in the early years. In 2009 the program was expanded to include primary school aged children and prevention of child abuse was included in its objectives.

### **Evaluation**

The program was evaluated using a range of methodologies including workforce surveys, qualitative interviews with key stakeholders and an outcome study of children in CfC communities and comparison sites (K. Muir et al., 2009). The evaluation found positive effects for children and families after 2 and 4 years (data on 5 year follow up is still being analysed). With regards to leadership the evaluation found that the role of the Program Manager within the Facilitating Partner was key to successful implementation. Program Managers who had local knowledge, were well connected and who were perceived as working for the good of the community (rather than primarily

representing their own agency) were more effective. Turnover of Program Managers was particularly challenging for the implementation and often resulted in delays and also tension between agencies. Program Managers functioned best when supported by an effective inter-agency committee which included community leaders. However this was reciprocal – committees tended to be more effective if they were well coordinated and supported by the Facilitating Partner. An important finding was that structures generally had to be renewed after around 2 years, because different people were often needed to maintain and sustain the partnership than those who were necessary during initial implementation. Overall it was not possible to disaggregate the components of the model. For example it appeared that increased funding, multi agency working and a community engagement approach were all significant. Another project conducted by the agency Family Relationships Services Australia which used CfC sites as exemplars of interagency collaboration found that:

*Examples of successful service coordination occur across different service types and organisations but generally rely on a champion or enabler to work through any difficulties (FRSA, 2010, p. 5).*

This confirmed the key role played by the Program Manager. However even the most effective of these was not able to overcome barriers in states which were hostile to the program<sup>2</sup>. In these situations pre-schools, health services and others were never engaged in the collaborations. Only when these issues were addressed at a strategic national level (after a change of government) did CfC become a true inter-agency intervention.

## **headspace – the national youth mental health foundation**

<http://www.headspace.org.au/about-headspace/what-we-do/what-we-do>

One of the most interesting examples of cross-sector systems leadership in children's services in Australia is provided by *headspace*. Launched in 2006, the National Youth Mental Health Foundation, *headspace* is an Australian Government initiative. *headspace* aims to promote and facilitate improvements in the mental health, social wellbeing and economic participation of Australian young people aged 12–25 years by: providing holistic services; increasing the community's capacity to identify young people with mental health and related problems as early as possible; encouraging help-seeking by young people and their carers; and providing quality services that are evidence-based, and delivered by well trained, appropriate professionals. *headspace* also aims to have an impact on service reform in relation to service coordination and integration within communities, and at an Australian and state/territory government policy level. The core element of the *headspace* initiative consists of service delivery sites across Australia that provide services for young people in the following areas:

- General health
- Mental health and counselling
- Education, employment and other services
- Alcohol and other drug services.

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<sup>2</sup> Some states did not welcome CfC because they believed it was a Commonwealth imposition on their own service delivery, and resented that they were not consulted about the location and composition of the program.

Each headspace service centre is directed by a lead agency on behalf of a consortium of government and NGOs from a range of sectors including health, education and employment. This arrangement is intended to encourage a whole-of-community approach and engage key stakeholders in the development, establishment, implementation and coordination of headspace services.

Consultations with private practitioners, such as GPs and psychologists, are an important part of the model. Consultations are either provided free through the Medicare Benefits Scheme (MBS) or paid for by the young people who are reimbursed by private health insurance or the MBS. Services are also provided by co-located organisations.<sup>3</sup> The consortia models, and the organisations involved and the contributions they make vary across the sites.

Headspace sites further support young people by networking and establishing clear referral pathways with other relevant services in the community. Through shared training and Community Awareness programs with the broader community, headspace also aims to increase the community's capacity to identify, refer and work with young people at risk of problems related to mental health and other issues.

The headspace service delivery centres are supported by a number of other headspace components: the headspace National Office, which coordinates services and other activities and operates at a national policy level, a research and evaluation function, community awareness of mental health, education and an online counselling service. The program logic shows all these components as interacting with each other – for example media campaigns to raise awareness of youth mental health issues are expected to result in more young people seeking help at headspace centres, and similarly more research and training is expected to result in the implementation of evidence based interventions leading to better outcomes for young people.

The headspace initiative therefore engages in cross-sector working both at a national level and at the local level, and are one of the very few Australian examples where Commonwealth, State, NGO and private sectors work together. This is also a genuinely innovative program internationally and very few similar coordinated attempts at service integration and early intervention in youth mental health have been implemented, none at this scale.

An evaluation of headspace was conducted by the SPRC in 2008/09 (Kristy Muir et al., 2009). Although hampered by severe lack of data, the evaluation concluded that headspace sites were improving the wellbeing of young people who are vulnerable to mental health and substance misuse issues, but that the national components of headspace, other than the National Office, were not working together adequately and were not supporting frontline practice in the way the program logic envisaged. For example practitioners and local managers sourced their training from a range of providers outside the headspace training facility, and drew on a number of sources to develop practice, not just the evidence based practice guidance provided by the program. Despite these challenges the headspace program has developed into a nationally recognised 'brand', and this has facilitated the outreach work of local service sites.

The evaluation identified a number of relevant findings related to cross-sector leadership, both at the site level and in relation to national policy and program development. Firstly, the range of

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<sup>3</sup> Organisations or agencies funded by government or NGO sources that are physically located in centres.

optimal leadership skills, tasks and structures varied according to the stage of implementation of the site. For example in the first stages of implementation agencies (and leaders) that had experience of service delivery were more effective in setting up the new program. However once the centre had been set up, the more effective organisations were those that could bring in key players (especially GPs and health professionals) and who had access to other sources of funding.

## Overall lessons

This review has provided a range of large and small scale examples of policies and programs in Australia which have provided evidence for effective practices in system leadership. Like the UK and other countries, policies and programmes in Australia are becoming increasingly complex, requiring agencies with very different organisational cultures and structures to work together to achieve policy objectives. All the evaluations cited here identified effective system leadership – at the local and at the strategic level – to be a key component in the effective implementation of these programmes. Yet there has been no systematic analysis of leadership in children’s services; policy makers and researchers tend to focus on ‘generalisable’ factors such as governance structures and funding mechanisms as the key factors underpinning effective inter agency and inter disciplinary collaboration. Indeed a recent review for the NSW Ombudsman of the international and Australian literature on why inter agency collaboration in children’s services often fails, and the factors which lead to failure by Fiona Hilferty and Kylie Valentine (valentine & Hilferty, 2012) did not identify leadership specifically as a key factor, even though it is mentioned in passing or implied in much of the research cited. This is mainly because of the difficulty for researchers in measuring and quantifying leadership (as well as other aspects of human relationships). Nevertheless a number of important lessons can be gleaned from evaluations of complex programs, often from the qualitative aspects of the research. It must be recognised, however, that it is very difficult empirically to separate leadership from other factors such as structures, resources, agency functions and disciplinary cultures.

Overall these findings show that, especially in place based initiatives, system leadership has been crucial to implementation and therefore to outcomes for children and young people. However in each case leadership in and of itself was not sufficient, either to drive through structural and cultural changes and certainly not to improve outcomes for children and young people. These evaluations indicate that children’s outcomes appear to be related to the quality and availability of services rather than more distal factors such as leadership or collaboration. Only if collaboration leads to actual improvement in the services children and families receive is it likely to lead directly to improved outcomes. Having said this, the findings of the headspace, CfC and other similar evaluations appear to indicate that more subtle factors such as willingness to engage with services and satisfaction with the community can be facilitated by community interventions and can lead to better outcomes for some children and young people.

This research also shows that ‘bottom up’ local approaches are likely to have limited impact, even with effective system leadership. Where there is good strategic leadership at the national level, then local leaders tasked with networking and engaging managers from different agencies are much more likely to succeed. Yet heavy handed management and accountability from the centre can also hinder local innovation and collaboration. Good leaders were able, therefore, to mediate both

horizontally (ie between local agencies and key stakeholders) and vertically – to national program managers and policy makers.

Many of the Australian examples are of the ‘networking’ or facilitating roles for leaders rather than leaders who are in direct line management roles over a range of different services. This type of leadership appears from the research to require particular types of skills particularly an understanding of the drivers for different agencies and a knowledge of who to engage in order to affect change. Where leaders have extra resources to offer through new initiatives, this has generally facilitated system leadership, but also creates its own problems.

The tension between ‘partnership’ arrangements and contractual arrangements has emerged as a key challenge for cross sector leadership issues in Australia, and has undermined a number of well-meaning initiatives. This is particularly the case when there are financial or policy pressures on the funding agency. In these situations the impetus to squeeze value for money from NGOs or other sub-contractors (including researchers and evaluators) becomes a more powerful driver of leadership behaviour than the requirement to work in collaboration. Yet paradoxically partnership working is increasingly important in the delivery and planning of services.

This research does not identify particular characteristics of good system leaders. Of course leaders need to be able to engage with a range of stakeholders and to influence and persuade rather than control. However in some contexts, particularly during the set up phase of new programs, drive and enthusiasm as well as political ‘nous’ were often the most significant characteristics of effective leaders. However in other contexts, particularly as programmes matured, administrative and financial issues became more significant. Even so, the most consistent finding was that effective leaders ‘fitted’ well into the particular context faced by the community, and therefore it was difficult to generalise to different contexts. Perhaps the most important lesson overall was for leaders to find out about the contexts in which they are operating and not to make presumptions about which approach to leadership is likely to be successful in every specific situation.



## Case Scenario: National Framework for protecting Australia's children

Brian Babbington, Chief Executive Officer of Families Australia

### Introduction

The National Framework for Protecting Australia's Children (NFPAC) was launched in 2009 and has been renewed in 2012. It is a national strategy to protect children with a proposed timeline to 2020. This National Framework sits alongside a number of other Frameworks and strategies (eg relating to the early years, mental health, Aboriginal and Torres Strait Islander health, numeracy and literacy, National Disability Insurance Scheme etc), and compared to some of these other strategies has had very moderate resources available to it. The NFPAC was the first time in which the Commonwealth government had become involved with child protection policy; child protection is the responsibility of states and territories. NFPAC was also one of the few areas of policy where the Commonwealth, state and NGO sectors have come together to co-design policy, and where this 'tri-partite' policy development process has been sustained for over 5 years. Brian Babbington, Chief Executive Officer of *Families Australia*, an Australian non-profit organisation, was instrumental in bringing together a coalition of NGOs who lobbied government to introduce the Framework, and he has continued to lead the NGO Coalition which represents the sector in the development of the policy<sup>4</sup>.

### Origins

Under the previous Howard Coalition (conservative) government, NGOs had been actively excluded from engagement in policy advocacy and were expected to confine themselves to service delivery. When it became clear that the Labor government would be elected in 2007, NGOs began to think creatively about how they might become more active in the policy process, not just as advocates but in co-designing and implementing policy initiatives. Both the new Rudd Labor government and the NGOs were heavily influenced by Blairism and the social inclusion/exclusion agenda. At the time of the election all the states and territories were also under Labor administrations, and there was consequently a great deal of optimism and a commitment to collaboration and 'joined up' policy processes.

Shortly after the election the commonwealth government, supported by the NGOs, issued a consultation paper on a national framework for child protection, and in 2009 the Council of Australian Governments (COAG) signed off on the framework itself. There had been some foot dragging until that stage, but in 2008/09 there had been a number of high profile child deaths which had resulted in enquires, and state Premiers were pushed to be seen to be doing something about child protection, despite their reluctance to involve the Commonwealth in this policy area. An important factor was that states did not contribute cash to the National Framework – their contribution was purely in-kind, and therefore they did not have to take resources from other programs or activities to be involved in the National Framework.

In terms of leadership the Framework required commitment from the Commonwealth, acquiescence or commitment from the states, and deep engagement from the NGO sector.

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<sup>4</sup> Brian Babbington has written a fuller account of the policy process and the current state of the National Framework in an article for *Family Matters* journal (Babbington, 2011)

The NGOs had agreed earlier to form a coalition and to allow Families Australia to take the lead, despite the fact that they are not the lead agency for child protection in Australia. However NGOs in Australia tend to be small and fragmented, and the large NGOs did not have capacity or the will to engage in policy development.

Keeping the coalition together has proved a significant challenge, but it has been successfully achieved. NGOs are inherently competitive, both in terms of funding and also in their relationship with policy makers. There were also some differences about the focus of the Framework. Leadership skills here involved knowing who to talk to in order to persuade the sector to take a longer term view and to focus on the benefits for children and families of a national approach. This was facilitated by the strong support of some of the bigger NGOs who were very committed to the 'Public Health Model' which the Framework advocates. However over the years it has taken a number of strategies to keep this coalition together and providing a coherent perspective to government. One advantage has been that Families Australia was not the leading child protection advocacy group, and therefore could play the role of 'honest broker'. On the other hand Brian had to spend a lot of time talking to stakeholders to keep them engaged.

With regards to the Commonwealth involvement, the key factor has been consistent leadership from politicians and also from bureaucrats who have been involved from the start. Jenny Macklin has been the Community Services minister since 2007 and has been committed to the National Framework from the beginning. There have been two junior ministers who have also been committed, and the senior officials in FaHCSIA (Department of Families and Housing, Community Services and Indigenous Affairs) have also been consistent advocates of the NF.

Another coincidental factor which has kept the Federal government on board has been that the statistical evidence for a new approach has been supplied by the Australian Institute of Health and Welfare (AIHW); a government agency which publishes the annual child protection statistics. These showed an inexorable rise in children in OOHC, which was unsustainable financially and politically. The fact that these data were provided by a government agency (and therefore officially endorsed by the government) meant that this was not perceived as lobbying or self-interested advocacy on the part of the NGOs, and therefore carried much more weight than would otherwise have been the case.

The states have been much more difficult to keep on board, partly because they are inherently hostile to the Commonwealth, and also because most of the states have changed government and are now governed by Coalition governments who are less willing to support Labor programs. However in some of the bigger states (NSW and Victoria), the new ministers of community services have been supportive, and this has made a big difference. This has partly involved Brian and colleagues working with ministers and officials from states to keep them engaged in the process. This has paid dividends because states have been much more engaged in the second 3 year plan and have put into the framework some of the issues they have been concerned about.

At present the NGO coalition led by Brian is working with the Federal opposition (who are expected to win the next election in September) to keep them informed and engaged, so that the initiative does not falter when there is a change of government.

## Lessons for system leadership

### Understanding the underlying drivers for different stakeholders

The National Framework has continued and developed because it has met the needs of each of the stakeholder groups:

- For the NGO sector it has provided an opportunity to become involved in policy development and to encourage governments to take a longer term view of policy.
- For states and territories it has enabled increased collaboration and learning and given them a voice in Federal policies related to children and families.
- For the Commonwealth the Framework has offered an area of policy which they can develop over time with a light touch at relatively low cost.

Understanding these drivers has been crucial for system leadership. Leaders have had to look below the stated objectives of the Framework and engage with stakeholders on the issues which most engage them. In particular, they have had to compromise on content in order to focus mainly on process issues; keeping the tripartite governance arrangements in place. This has caused internal tensions within each of the stakeholder groups, because for some members the content issues are extremely important.

### Taking the longer view

A similar and rather challenging issue for leaders has been working with the ambiguity between what the Framework actually states as opposed to what it really is attempting to achieve. For some stakeholders this policy is intended to precipitate a 'paradigm shift' in Australian policy and in the broader society. The Framework itself is entitled 'Child Protection; Everyone's Business'. Some stakeholders, particularly in the NGO sector, took this literally and believed that this policy was intended to completely reconceptualise child protection and to galvanise the whole of Australia towards a much more child friendly society. For these stakeholders the rather modest actions and limited funding under the NF have been a huge disappointment, as have the compromises which inevitably flow from policy developments involving multiple constituencies. For the more sophisticated leaders, however, the paradigm shift is in the process rather than the product, and they can even see positives in the modest goals of the NF. If too many resources had been allocated to this policy, there would be high expectations that it would change outcomes for children and families in the short term. This expectation could compromise the process of incremental and considered development which should provide a much more solid foundation for real changes in child protection policy in Australia (and therefore hopefully improvements in outcomes for children) over the long term. In Australia the media, politicians and advocates are all looking for short term advantages, and so there is enormous pressures for 'quick wins'. Indeed there have been a number of rather grandiose policy developments which have been loudly trumpeted when they were announced, but which have foundered quickly. For the leadership this has involved a constant process of trying to help their constituents take a longer view and to recognise the potential future advantages of what appears to be minimal progress under the Framework.

### Exploiting opportunities and lucky breaks

As stated above, the NF would never have come about without a fortuitous confluence of factors; a change of Federal government at a time when all the states were Labor, the influence of Blairism

and the personal engagement of key politicians and bureaucrats. Yet these factors in and of themselves did not create the NF, and as it turned out they only persisted for a short time. The key to successful leadership was that leaders in the NGO sector anticipated these developments, engaged with relevant policymakers at the appropriate time and put in place processes and structures which they believed would be sustained when, inevitably, the political environment changed. On the other hand the more astute leaders were careful not to overplay their hand, and to be content with small but significant successes rather than push for significant changes or resources which would have required high levels of risk taking.

Another factor which helped to sustain change was the 'burning platform' (or perhaps more accurately 'smouldering platform' created by enquiries into child protection systems, which compelled policy makers in the states and territories to think about changes. The NF provided an opportunity for some of them to push for changes which previously would have been difficult to achieve, given the negative media attention and risk-averse nature of politicians and bureaucrats in this area. In these cases the NF was portrayed by system leaders as a potential solution to a difficult problem and therefore as a resource rather than another extra burden imposed on states by the Commonwealth.

This again demonstrates that timing, luck and understanding of the underlying drivers of the system were key to successful system leadership in this scenario.

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