

Improving Child and Family Outcomes through a Collaborative Service Model

Challenges and Opportunities

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The multiple and interlinked problems faced by many families who access family relationship services are not addressed effectively by the siloed, single-disciplinary approaches that have traditionally dominated human services agencies. This problem of professional silos, which is experienced internationally (Kaspiew et al., 2009), is made more complex in Australia by the policy and organizational divisions created by the diversity of Australian service systems. Responsibility for service delivery and service funding to support vulnerable families in Australia is divided between various levels of government and between the government and nongovernment sectors.

As the National Framework for Protecting Australia's Children 2009–2020 recognizes, despite significant public investment in family support and child protection across federal and state jurisdictions, the separate efforts of these services still fail many children and young people (Council of Australian Governments [COAG], 2009a, 2009b). The Framework highlights that individual services, and indeed service-delivery systems, operate separately from each other, sometimes in ways that compromise children's safety and well-being.

This chapter focuses on improving the collaborative relationships between the professionals and service-delivery systems that interact with families before, during and after separation, particularly where there are concerns about the safety and well-being of children.

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Collaboration to achieve a shared vision broadly refers to actions right across the spectrum, from highly integrated joint initiatives to simple measures to exchange information (Huxham & Vangen, 2005). At its best, collaborative practice inspires all involved and opens up opportunities not possible with professionals or agencies working alone. At its worst, it can be inefficient and ineffective. However, the increasing level of theoretical knowledge about collaboration and its enduring place in rhetoric about policy has not been well translated into practice knowledge. In this chapter we draw on recent Australian research on how collaboration is built between agencies and service-delivery systems concerned with supporting families, particularly where children and parents are vulnerable.

Policy makers and practitioners over decades have consistently pointed to the reasons for collaboration—including the moral imperative to work together to solve the complex issues facing society. Such issues include poverty, crime, economic development, social inclusion, climate change, and child abuse and neglect. Trist, in a seminal article (1983), argued that these difficult issues fundamentally belong in the “inter-organizational domain” (see Huxham & Vangen, 2005). In the context of recent changes to the Australian family law system we examine the case for increased collaboration between family relationship, family support and child protection agencies to support separating families. We discuss the need for particular strategies to align with the level of vulnerability of children and families. Using Moore’s public-value model (Moore, 1995, 2000) as a conceptual framework, we analyze existing barriers and enablers of collaborative practice. Finally, we propose a model for increased collaboration that we argue has universal relevance across systems that work to support families and keep children “safe and well” (COAG, 2009a).

The Policy Context

Collaboration to increase children’s safety and well-being

Policy frameworks across Australia identify the key social, political, and moral imperatives for improving the level of support to vulnerable children and their families. Common themes are the belief that children need to grow up in a society where their safety, health, development, and learning are paramount, they are nourished and supported to thrive, learn and grow, and are valued in their own right as children (COAG, 2009a, 2009b; Victorian Department of Human Services, 2006; White & Wookey, 2009).

However, over recent years reported numbers of substantiated child abuse and neglect cases have steadily increased (Australian Institute of Health and Welfare [AIHW], 2009). In response to rising community concern, government reform agendas have been initiated across the country that focus on more coordinated efforts at a systemic level to prevent harm to children.

There are many good reasons to focus on more collaborative efforts between services working with families affected by separation and divorce. Firstly, children exposed to violence and high-conflict situations in families form the largest group reported to state

child protection agencies (AIHW, 2009). Recognition of the relationship between child abuse and separation and divorce has been slow due to the dominant view that abuse is incidental to separation. More recently research has shown that child abuse occurs not only at the point of separation but is often the reason for separation and may continue for years afterwards (Brown & Alexander, 2007; McIntosh, 2002; McIntosh & Long, 2005).

Secondly, the recent changes to the Australian family law system have shifted the initial stages of family dispute resolution away from the courts and into the realm of practitioners specializing in family dispute resolution based at Family Relationship Centres around Australia. Furthermore, the Shared Parental Responsibility Act was amended in 2006 so that the assumption that parents will equally share parental responsibility after separation could be challenged on the grounds that violence and/or other child abuse exists in the family. This decision means that dispute-resolution practitioners ascertain risks to children and share this information with the courts, creating a clear imperative for information sharing (Winkworth & White, 2010). Other practitioners in these services also need information about risks to children to assist parents to make safe parenting plans where there are concerns about child abuse and neglect.

Collaboration to support families in need

Information sharing about risks to children, while important, is only one of many reasons for greater collaboration between state and commonwealth systems of family service delivery. If children are indeed to grow up in a society in which their safety, health, development, and learning are paramount, parents (by far the most powerful influence on children's development; Heckman, 2008; Shonkoff & Phillips, 2000) need to be supported in their roles. This support is not found in one place. It crosses the boundaries of many services and service systems.

For example, Australian studies show that families need, first, enough money to live on and somewhere safe to live (Bartholomew, 1998; Bray, 2003; Butterworth, 2003; Freiberg & Homel, 2007; Vinson, 2007). They also need access to health care for themselves and their children, as well as information and advice about parenting. At times they will need practical help in the home and relief from parenting, especially when children are young (Slee, 2006; Winkworth, Layton, McArthur, Thomson, & Wilson, 2009). If parents separate, they may need assistance with their child support payments and with the development of safe parenting plans. If there are concerns that children are at risk of harm and their interests are not best served in the care of one or either parent, protective measures will need to be taken to keep them safe (Attorney-General's Department, 2004; Murphy, Campbell, & Pike, 2005).

Federal government services in Australia such as Family Relationship Services and Centres, the Family Support Program, the Child Support Agency, and Centrelink are examples of settings where families are encountered when they may be particularly vulnerable, as are family support, family violence, mental health, and drug and alcohol services in state and territory jurisdictions. Though not directly practicing at the "hard end" of statutory child protection, these diverse settings are critical to supporting many families as they face parenting challenges. After decades of attention to increasing

collaboration between service-delivery agencies, coordinated and integrated service systems are only beginning to emerge in some jurisdictions. Collaboration is even less visible across federal and state service systems. Families needing assistance with family relationships and parenting their children must still navigate multiple systems which are often not in communication with each other.

Within the child and family service-delivery context there is a critical need to build knowledge for professionals who work across the many agencies designed to assist families and their troubled relationships, especially where there are risks to children.

Building Knowledge of Collaboration

A project to build knowledge about service-system collaboration

In 2009 the authors were commissioned by the Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) to propose a model that could advance the level of “collaboration and integration” between state Child Protection Services, state-funded family-support agencies, and federally funded Family Relationship Services. The project is described comprehensively in other publications (White & Wookey, 2009; Winkworth & Healy, 2009; Winkworth & White, 2010), however, in summary our approach included interviews and focus groups with 59 people from 39 federal and state, government and nongovernment agencies working across these systems. We applied the collaboration and public-policy literature to the data and developed several theoretical perspectives that can be applied generally to the child and family policy area. These perspectives, or “collaboration constructs,” and a model for building collaboration across sectors, form the basis of the remainder of this chapter.

Getting the right level of collaboration

A theme in the collaboration literature is that collaboration strategies should be aligned with specific purposes. Because partnerships are often slow and costly to establish, it is necessary to ensure that scarce resources are used responsibly. Our findings from consultations with service providers increased knowledge about the purpose of particular strategies and reinforced the message that collaboration strategies should align with the vulnerability of children and their families. In practice this meant that to keep children safe, increasing levels of risks to children would need to be met by greater collaboration within and between state and commonwealth systems. Furthermore, collaboration would need to be more complex and sophisticated for the more complicated cases of vulnerable high-risk children.

Most families can keep children safe if they are provided with informal support from their extended families, friends, and local communities and formal support from the service-delivery system should such a need arise. However, at the other end of the spectrum, where these “protective factors” are not present, increasingly formalized and complex

collaborations are required to protect vulnerable children who may be exposed to violence and other forms of abuse such as sexual abuse.

Our consultations with service providers confirmed that collaboration increases along a continuum of complexity and commitment (Himmelman, 1992). We identified three increasingly complex levels in the family relationships context that aligned with increasing vulnerability and risks to children and families: Networking (Level 1); Coordinating (Level 2); and Integrating (Level 3).

Table 30.1 summarizes collaborative levels identified through a synthesis of the literature and supported by the project. It considers these by purpose and structure. Examples at each level in the family services context are also identified.

However, the research also indicated that while good examples at all three levels existed within either state or commonwealth service systems, effective collaborative strategies between federal and state systems were not identified. To better inform a model to enhance collaboration between all the various services that are important to families, especially vulnerable families, we asked specific questions of participants about the enablers and barriers to building collaboration.

Enablers and barriers

The enablers and barriers to collaborative practice are best understood in the context of a theory of action such as that proposed by Moore (1995, 2000). In short, Moore postulates that effective action in a complex hierarchical system needs to be a product of three intersecting dynamics. The absence of any one of these will mean that even the best intentions will fail to deliver effective change.

At their highest level these dynamics can be described by the concepts of authority, public value, and capability.

1. Authority (what the system “may do”): Without an appropriate authorizing environment, the momentum for multidisciplinary and multiservice collaboration will be quickly lost and more traditional ways of doing things will emerge and re-establish themselves.
2. Public value (what the system “should do”): Effective collaboration will only take place if it is seen to produce desirable outcomes for the public. These outcomes need to be agreed between participants and, at best, are able to be described and measured.
3. Capability (what the system “can do”): Collaborative efforts between agencies and individuals need to be appropriately resourced. Many efforts in this area have failed due to the lack of resources or lack of skill on the part of those who are seeking to collaborate.

The intersection between these three dynamics underlies effective action. Thus, the capacity for effective action is restricted to the point of intersection between the three dynamics—should one of these be lost the desired outcome will not occur.

The operation of these dynamics in federal and state systems has been discussed in detail elsewhere (Winkworth & White, 2010). However, in summary, it is clear from the consultations with service providers that these three dynamics provide a powerful way of

Table 30.1 Levels of Collaboration

<i>Level of collaboration</i>	<i>Purpose and target groups</i>	<i>Structure and form</i>	<i>Examples</i>
Level 1 Networking	To gain a better understanding of the service systems involved and issues confronting all children and their families To develop trust between services and build the foundation for more complex partnerships	Individual relationships and small-scale cooperative activities that will benefit all families. No or limited formal agreements. Agencies may work towards different goals, affiliations primarily towards own agency or discipline	Family Services Partners Network (services come together regularly to increase knowledge of issues confronting families) Family Relationship Centre and Community Legal Service present joint information sessions to parents. Maternal and child health nurses provide information to single fathers at Family Relationship Centre
Level 2 Coordinating	To make information and services more accessible for vulnerable children and families including those whom formal services find "hard to reach"	More complex and formal levels of organizational involvement and planning. May involve changes to intake, assessment, and referral processes. Collocation or agencies and outposting of staff to form a bridge between services. Simple protocols and Memorandums of Understanding	A family violence worker from a Family Relationship Service is collocated at a Community Health Service Child protection workers are based in community settings to consult with agencies about best level of intervention to assist vulnerable families Portfolio positions (health, housing, police) in state child protection services facilitate better problem solving between services with concerns about vulnerable children

Level 3 Integrating	High level of collaboration to address concerns about children and parents right across the spectrum including at high risk of harm	Formal agreements between services, clearly identified shared goals and targets, legislation which requires partnerships, some unified management systems, pooled funds, shared practice frameworks, common governance arrangements, shared training, shared data systems	Victoria's Integrated Family Support system (IFS) provides readily accessible entry point at a sub-regional catchment area level for parents, professionals, and members of the public who are worried about children As part of the IFS a cross-sectoral Consultancy Panel meets bimonthly to consider system responses to specific high-risk situations
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understanding the enablers and barriers to collaboration between commonwealth- and state-funded services. Services struggled to balance what they “may do” (authority), “should do” (public value), and “can do” (capability) to achieve the level of collaborative practice necessary to improve their work with children and families. In turn, this information on enablers and barriers enabled us to form a platform on which a model of collaborative practice could be developed.

Results of consultations—the enablers and barriers

Authority

Mandate and legitimacy. Consultations with federal and state service providers emphasized that new legislation and state government policies provide the mandate and legitimacy for cooperative and collaborative practice. These service providers pointed out that they had made informal attempts at collaboration in the past, and to some extent these had been successful, forming a background for effective collaboration later on. However, they also emphasized that it was the “top-down” approach created by new legislation and policy that provided the mandate for “true” collaboration.

While for the state-based services it was particularly legislative change that drove changes in practice, federal and state agencies pointed out that the signing of the National Framework for Protecting Australia’s Children by commonwealth, state, and territory governments signaled a strengthening environment for collaborative practice.

This environment was further strengthened when professional and stakeholder bodies similarly endorsed the new policy and legislative directions. In this way formal legislation, policy directions, and professional endorsement provide a platform from which collaborative practice can emerge. However, in the absence of such an “imprimatur” for collaboration, services tend to maintain their separation and attempts to provide a holistic response to clients fail.

Tendering processes. In addition, a number of agencies drew our attention to the fact that the competitive tendering practices that underlie government funding have acted as a disincentive to agencies working together. It is apparent that there is an inherent conflict between governments’ expressed desire to see better-integrated services collaborating for the well-being of families and children, and, on the other hand, tendering practices which pit agencies against each other as competitors. In this context a number of agencies pointed to the positive changes that occurred when the tendering requirements demanded that services show evidence of collaborative arrangements with other service providers.

Identifying public value. Our consultations demonstrated the importance of agencies developing a shared vision that clearly defined common goals and principles to give meaning to terms such as family-centered or child-centered practice. A clear focus on family and child outcomes rather than on the professional activities of staff was what brought agencies together and gave strength to collaborative practice.

While it is important to clearly define what services are trying to achieve together, it is equally important that this goal be measured and described. Without such measures

services are unable to clearly articulate what they have achieved and are unable to cooperate in joint-planning processes. From this perspective, the lack of effective data-collection procedures emerges as a barrier to building collaborative enterprises in the human services.

At its simplest level this data collection can take the form of attempts to elicit client feedback and measure client satisfaction with services. We noted that some mechanisms for effective feedback exist in agencies, with feedback being sought by telephone, mail, and community-reference group. However, this area needs to be extended or it can become a barrier to, rather than an enabler of, further collaborative practice.

Capacity to implement. Services that were successful in collaborating developed an authorizing framework for collaboration and were able to describe the outcomes that collaboration might achieve. We also found that successful services were those which put in place specific mechanisms to implement collaboration in a practical way.

These collaborative mechanisms reflected the complexity and continuity of collaboration which we have identified earlier in this chapter—from simple networking to coordination and attempts to create integrated services. The mechanisms that we observed included: the creation of organizational cultures supporting inter-service relationships and interactions; the creation of staff positions with bridging roles to assist services to navigate the divide between services; shared practice frameworks and joint training to provide staff with common understandings of each other's practice; and the provision of resources to support these collaborative practices.

In addition, we found services would second staff to other services in situations where this secondment would enhance the outcomes for children and families. We also observed the impact of shared planning and, to some extent, resource sharing which allows agencies to have a greater impact on the outcomes for children and families.

A Model for Collaboration Across Sectors

The proposed model

Australia has made extensive use of a differentiated network of nongovernment agencies to deliver human services. While this process has leveraged important social, economic, and community resources in support of broad family and child well-being, it has also led to a fragmented sector that will require active intervention and leadership by governments to move towards a desired goal of collaborative and, where necessary, integrated practice. This complex mix of services funded and authorized by different levels of government and delivered by a mix of nongovernment and government agencies provides a good basis for an effective service system.

The combination of Moore's theory of action (1995, 2000) with our own observations and interviews with practitioners has led us to develop a simple statement of the key features of a collaborative and integrated service system for children and families. Further, we have identified five key areas where action needs to be taken to create such a service system. An effective service system for children and families is one in which services: share

a common vision focused on commonly agreed priority outcomes; plan together on a local basis; collect and share information to ensure that service users' needs are met; share high-quality evidence-based practices; and engage in the flexible management of their resources to improve client outcomes. To this end, we argue that our five areas of action are likely to deliver effective reform.

The current reality of Australia's service systems reflects a vastly different approach. Separate, sometimes competing, commonwealth and state priorities drive service systems to quite different definitions of desirable outcomes, even though there are times when these are described in the same language. For example, in our consultations we found that the term "best interests of the child" was defined quite differently through the commonwealth family law system and the state child protection system. In this situation it is unreasonable to expect effective collaborative practices to develop since the service systems are progressing to different endpoints. As well as differences in policy, services face quite substantial differences in practice approaches, in perceptions of each other's roles, and understanding of each other's resources, even in a confined local area.

Our observations and work with community agencies and governments through this project has led us to conclude that there are five areas in which governments and service providers have the opportunity to build an effective system. These five critical areas of reform are: (i) authorization; (ii) governance; (iii) performance measurement; (iv) joint professional practice; and (v) practice reform mechanisms. The ways in which these critical success factors combine to support the development of a collaborative and integrated service system are presented schematically in Figure 30.1.

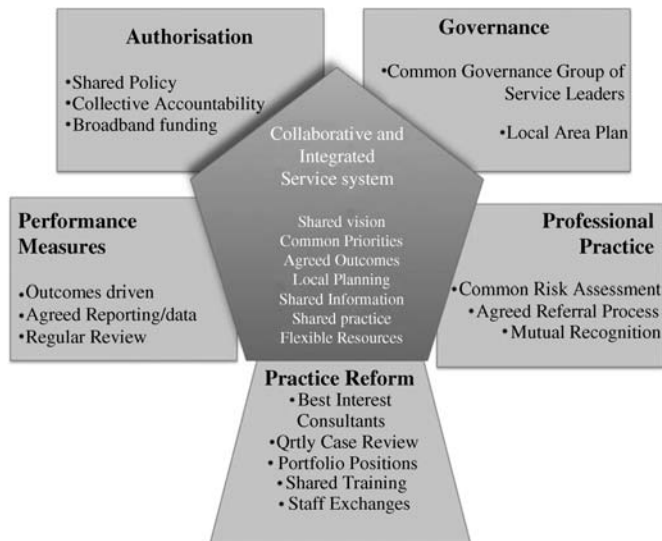


Figure 30.1 Model for a collaborative service system

Source: Adapted from White, M., & Wookey, J. (2009). *Victorian Community Linkages Project: A model for increased collaboration between federal and state service systems to improve the safety and well-being of vulnerable children*. Melbourne: MW Consulting Group

Building a system—whose responsibility?

In order to describe how such a system might be built, it is necessary to identify three levels of action: (i) action by governments; (ii) action by providers (nongovernment agencies and government providers); and (iii) action by professionals.

Action by governments

Shared policy frameworks. If the child and family service systems are to genuinely develop collaborative approaches it is essential that federal and state government departments provide leadership through shared legislative and policy frameworks that include agreements on shared outcomes and funding processes to implement change. For example, regular commonwealth/state intergovernmental mechanisms should facilitate the development of shared policy frameworks based on the principles of children's best interests remaining paramount. While each system separately would maintain that this is their approach now, in practical terms differences in the definition of the phrase "best interests" have resulted in a lack of congruence in approaches. Governments can, however, provide leadership in this area by jointly agreeing to a consistent statement of outcomes for children and families. This statement can build on existing outcomes frameworks which already link outcome statements to particular measures.

Collective accountability at the local level. In the past decade all child and family service agencies have found themselves accountable for government funding according to a range of measures. Unfortunately many of these measures have been reduced to the level of outputs or "targets" which too often describe the activity of the agency rather than its achievement with families. White (2006) argues that one of the most powerful actions government can take is to focus services on broader outcomes rather than on specific outputs of the program of activity. It is difficult to ask individual services to be accountable for the broad outcomes of children's well-being. However, when we consider the service system as a whole, governments and agencies can jointly focus on broader outcomes that become the basis of collaboration. On this basis governments have an opportunity to articulate an expectation that all services within the local area are accountable for agreed outcomes. New funding documents and procurement policies can articulate the expectation that services will be responsible for coordinating their programs to meet the broader good of children and their families. In this way, government can begin the process of creating collaborative service systems to meet these broad community needs rather than focusing on the specific program activities of individual services. Procurement policies regarding competitive tendering where agencies are funded on the basis of their collaboration with other service providers is a very practical means of articulating expectations around collaboration.

Action by service providers. The framework in which collaborative service systems can develop must be set by governments; however, the implementation is the responsibility of the agencies delivering the services. Given the breadth and complexity of the child and family service systems in Australia, individual agencies will need to establish active

partnerships through which they can collaborate to achieve broad goals without losing their identities or compromising their legal responsibilities.

Local alliance of services. If governments are able to move to higher levels of collective accountability, based on outcomes for children and families, local agencies will need to respond with new ways of organizing their services and in linking with other agencies. Due to the complexity and diversity of dysfunction in families, it is rare for a single organization to be funded to provide a full range of services to address broad family and child well-being outcomes. More often, federal and state agencies operate in overlapping ways along a broad continuum of family needs which range from widely available universal services to more targeted, and sometimes intrusive, services, where the needs of children are most dire and the opportunities for families to choose to participate is reduced.

In this environment it would be necessary to develop local networks (alliances) of services where the full continuum of child and family needs are met by a number of different agencies working together. These alliances would be responsible for: ensuring strong leadership; actively driving planning and integration of services; promoting and encouraging a shared responsibility for all children within a local area; and developing a strong commitment and responsibility to improve outcomes for children.

The details of the operations of these alliances have been described elsewhere (White & Wookey, 2009), however, key aspects of these alliances would include: (i) the identification of a single fund-holder and facilitating partner who will enable the partnership and manage the funds allocated specifically for alliance projects; (ii) the development of a partnership agreement endorsed by senior regional representatives of key funding agencies and the CEOs of funded organizations describing the mutual accountabilities of the agencies and business rules of day-to-day operations; (iii) agreed practice frameworks for assessment, prioritization, case allocation, and inter-agency referral; and (iv) agreed reporting frameworks for data collection and analysis.

Local area catchment planning. One of the functions of the proposed alliances would be to develop a local area plan to guide the strategic development of the service system. Key performance and outcome measures would be chosen by the alliance from the set agreed between federal and state governments and a commitment would be made between government and the alliance to share responsibility for performance. Models for these processes often exist in place-based planning and community-building activities already embedded in some federal and state programs. These existing models provide a platform upon which a broader local area catchment process can be built and integrated into federal and state program and policy frameworks.

Action by professionals. The third level of action required in order to establish a genuinely collaborative system is action at the level of individual professionals. One of the outcomes of the establishment of effective partnership such as alliances is that they provide an authorizing environment for shared practice between professionals and improved service-delivery coordination.

Our consultations with service providers revealed that significant duplication of service activities could be reduced significantly through the development of common screening, assessment, referral, practice, and reporting frameworks carried out by the professionals in each agency. In response to this finding, the National Framework for Protecting Australia's Children proposed the development of a common approach to assessment, referral, and support (CARRS). This approach is to be used by professionals in universal and targeted services as a common way of identifying and addressing family needs (Department of Families, 2010).

Similar mechanisms are required to enable better communication between the targeted family support intervention services and the statutory services in the commonwealth (family court) and state (child protection) systems. In this regard the Framework for Screening, Assessment and Referrals in Family Relationship Centres and the Family Relationship Advice Line (Attorney General's Department, 2008) provides a useful basis for developing a shared assessment and referral approach for professionals. In particular, this document provides a risk assessment and referral framework, including a range of practice guides reflecting the different levels of direction and support required by families depending on their family functioning and the vulnerability of children. In developing these systems, it is important that professionals learn to value each other's work and give formal recognition to processes that exist in each other's systems.

Best interests consultant. In addition to developing joint professional recognition and improved referral processes our consultations revealed that service coordination and collaboration could be substantially improved through the use of shared staff between organizations. Perhaps the best example of this coordination was the use of a community-based child protection worker whose role it was to bridge the gap between the statutory child protection system in the state of Victoria and other state-funded family-support services systems.

Similar positions could be created in those programs that require the navigation of uncoordinated federal and state services to achieve the best outcomes for vulnerable families and children. The role of these consultants could include: the facilitation of referrals between service systems; the provision of information, advice, and consultation on specific cases in the catchment area; the facilitation of joint approaches to reducing risk and to promoting child safety and well-being; the facilitation of case coordination mechanisms where there are identified issues relating to vulnerable children and their families; and the purchase of case management services to children and families across service systems. These approaches would maximize children's and families' access to appropriate community supports regardless of the service system in which they operate.

Information sharing. Perhaps one of the most challenging areas of collaborative practice between professionals within service systems is the capacity and willingness to share information about children and families, even where consent is given or when high-risk situations ethically and legally override consent (FaHCSIA, 2009; Frost, Robinson, & Anning, 2005) It is clear that a collaborative approach depends on the development of flexible information-sharing arrangements between professionals. Some of these

arrangements may need to be supported by legislative change, but at the very least, staff in parallel systems should have access to guidelines regarding when and how information can be shared, by whom, and when, and situations where safety considerations require information to be shared without consent.

While such information sharing is desperately required, our consultation revealed that effective information sharing did occur between services. Across some services, senior professionals would facilitate joint planning and decision making in relation to individual families through a common case review process. This mechanism was deemed highly effective not only in dealing with situations which separately challenged both federal and state services, but also in providing an opportunity to develop shared approaches to complex scenarios that could be used as the basis for future decision making. It modeled excellence in collaboration at a senior level, and became a platform from which best-practice models, the need for staff training, and gaps in service delivery or policy could be identified.

Conclusion

At the most basic level a lack of working together across agencies and jurisdictions means that parents have greater difficulties accessing services specifically set up to assist them. At a more serious level, failure to coordinate information and service responses leaves some children at high risk of harm.

The provision of child and family services in Australia is characterized by substantial fragmentation and division. The service system is divided “horizontally” between two and sometimes three levels of government with the federal, state, and local governments all playing a role in policy, program design, funding, and service delivery.

The system is also split “vertically” between program types with family law, family support, family intervention, child protection, family income, employment, housing programs, and early childhood education and care being provided by a multitude of federal and state departments. Furthermore, the service-delivery system is divided between the federal and state governments as providers and the not-for-profit nongovernment sector which is characterized by extraordinary diversity.

The Australian research reported in this chapter provided a number of insights into the status of collaboration in child and family service-delivery systems and identified some key features of the way forward in the development of further collaboration. In this chapter we essentially identify four key points. Firstly, the continuum of collaboration can form the basis of an effective service system when linked to concepts such as child and family vulnerability. In short, the more vulnerable the child the greater the level of service integration required.

Secondly, if governments and service providers wish to enhance collaboration in their service systems to improve outcomes for children, this collaboration needs to be considered within a theory of action such as that provided by Moore (1995). From this perspective, change will only occur where the authorizing environment is strong, the public value of collaboration is clear, the activities necessary are properly resourced,

and staff are appropriately trained. Thirdly, an effectively collaborating service system can be defined as one in which services share common goals leading to shared priorities. These collaborative service systems are best delivered through locally based partnerships of services, using evidence-based practices which are transdisciplinary and are regularly reviewed. Finally, models of good practice exist and platforms for reform are available within existing service and professional mechanisms. However, a genuine reform movement towards a collaborating and, where necessary, integrated service system will require joint action by governments, service providers, and professionals.

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