Social exclusion in Boroondara

Stage Two: Identifying the issues for children who experience social exclusion in Boroondara

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March 2007

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Note
This report is the second of two reports on Social exclusion in the City of Boroondara, Victoria.

Foreword

The study *Social exclusion in Boroondara: Stage Two* takes us beyond broad statistics on social disadvantage by revealing in a more detailed way the multiple strands of social exclusion blocking some individuals and families from effectively participating in society. This picture contrasts with the findings, cited in the report, of a consultation with children and young people about their aspirations—being healthy, staying safe, making the most out of life, making a positive contribution and enjoying economic well-being—which I take to be generally representative of the aspirations of all of us:

Many of the factors identified as aspects of social exclusion in Boroondara, including low income, mental illness, family violence and breakdown, unemployment, experiencing prejudice and lack of appropriate and affordable housing can be considered characteristic of families and neighbourhoods experiencing cumulative disadvantage in our society. The report argues that a general level of affluence in Boroondara serves to camouflage the difficulties experienced by those who are socially excluded. The capacity of existing agencies and services to render effective assistance to people caught in these circumstances is questioned in the report. The authors believe that there is scope for improving the collaboration between services and better aligning them with people's needs. However, we are reminded that even when people are faced by an array of difficulties and pressures they have reserves of concern for others who are similarly placed that can be brought into play with good effect.

That said, the report emphasises that there is no excuse for throwing the socially excluded back upon their own resources or trusting that their problems will entirely be resolved by means of local welfare endeavours. The broader measures by which society ensures that each child enjoys a satisfactory beginning educationally and developmentally, and the means by which health, employment opportunities, appropriate housing and adequate financial and family support are assured, are all necessary elements of promoting social inclusion.

The Brotherhood of St Laurence and the other organisations affiliated with this project, together with the report's authors, are to be congratulated for illuminating some major threads of social exclusion and the actions required to promote greater social equity.

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Summary

In 2005, the Brotherhood of St Laurence, in association with Foundation Boroondara, the Rotary Club of Hawthorn and Camcare, reported on the estimated level of child poverty based on available statistics (Stanley, Eadie & Baker, 2005). This Stage Two report builds understanding about child poverty in Boroondara, drawing on the knowledge of agencies and a small group of parents experiencing social exclusion. The report uses the term 'social exclusion', a notion which encompasses income poverty but also includes other reasons why people may find it difficult to fully participate in society, such as disability or racism.

The study collected opinions via 27 surveys and a further nine interviews, completed by staff in selected services that work with children. Additional information was gathered from a small group of mothers who are associated with a welfare agency in Boroondara. Information was sought about the extent and causes of social exclusion, as well as how well needs are being met in Boroondara.

The study findings suggested that agencies most commonly offered social support—that is, assistance in the form of referring to another agency, counselling and/or advice. The children least likely to be offered a welfare service appeared to be those of primary school age.

Most of the agencies, particularly the non-specialised welfare agencies, found that the demand for their services exceeded their capacities. The perception of privilege in Boroondara was said to hide the extent of social exclusion. This occurred both at the policy level, where the state and federal governments tend to target resources towards more uniformly disadvantaged suburbs, and at the personal level, where excluded children sometimes experience reduced opportunities and prejudice.

People were said to commonly experience multiple forms of social exclusion, with low income, mental illness, family breakdown and unemployment being of particular significance in Boroondara. While these factors were seen as important contributors to social exclusion, issues around housing, employment and family violence were considered to be often inadequately handled in Boroondara. Despite being commonly offered, family support was considered insufficient to meet needs. As well as more resources to address these shortfalls, the respondents mentioned the need for improved working conditions for agency staff. In particular they pointed to the need for greater agency communication and coordination, and an approach which fosters engagement with the community so local people can have greater involvement in addressing local needs, such as the social exclusion of some of its members.

These findings were largely confirmed by the discussion with the group of mothers who were experiencing disadvantage. This revealed not only the multiple barriers many of these women faced but also how they were willing to support and assist each other. Their ability to access resources was often limited. They faced a lack of recreational opportunities for themselves and their children, of preschool places and choice of schools for their children, of resources for children with a disability, and of easily available information about community services, as well as a shortage of affordable housing.

The study clearly showed how social exclusion could, in some situations, be better addressed through tackling structural issues, such as unemployment and housing, rather than exclusively working with individuals. Attention to the service system is needed, both to better coordinate services and better provide for the needs of the whole person. The job is too large for the welfare agencies on their own. A combined effort which also includes the three levels of government and community members themselves is required.

Introduction

Background

In 2004, Australia undertook a national inquiry into poverty which drew a number of sobering conclusions. It noted that 'the strong economic gains of the last two decades have not been shared fairly', that 'poverty is becoming more entrenched and complex', and that 'current levels of poverty in Australia are unacceptable and unsustainable' (Senate Poverty Inquiry, 2004, pp. xv, xvi). However, children are often an overlooked component in such statements. While official figures measure the single mother with low income as one person, she may have three children who are similarly disadvantaged. Indeed, Australian research reports that rates of poverty for children are higher than those for adults (Tanton, Harding et al., 2006).

In 2005, the Brotherhood of St Laurence, in association with Foundation Boroondara, the Rotary Club of Hawthorn and Camcare, reported on the estimated level of child poverty drawn from available figures (Stanley, Eadie & Baker, 2005). This Stage Two study builds understanding about child poverty in Boroondara, drawing on the knowledge of agencies and a small group of parents experiencing social exclusion.

Defining social exclusion

This study, like Stage One, commonly uses the term 'social exclusion' rather than 'poverty' when referring to the extent of disadvantage experienced by children living in the City of Boroondara. 'Social exclusion' is considered to facilitate a broader understanding of the multiple dimensions of poverty. While poverty and social exclusion are closely entwined, social exclusion can be described as 'the existence of barriers which make it difficult or impossible for people to participate fully in society' or obtain a decent standard of living (Social Exclusion Unit, 2005). While income poverty is the most commonly cited cause of social exclusion, other barriers include disability, lack of educational opportunity, inadequate housing, culturally and linguistically diverse (CALD) background and long-term parental unemployment. Social exclusion can be 'absolute' (for example, a child is unable to access sufficient food) or 'relative' (for example, a child is comparatively excluded in that he or she doesn't share the same level of resources as peers). Both forms of exclusion apply to the experience of some children in Boroondara. Indeed, in the case of Boroondara, relative measures of poverty are of particular significance. In addition, families can often be resilient during transient or short-term poverty, while entrenched poverty creates more complex difficulties.

Summary of Stage One

The City of Boroondara comprises the following suburbs: Ashburton, Balwyn, Balwyn North, Camberwell, Canterbury, Hawthorn, Hawthorn East, Kew, Kew East, and parts of Glen Iris and Surrey Hills.

The Stage One study on child social exclusion in Boroondara (Stanley, Eadie & Baker, 2005) used data from the Australian Bureau of Statistics (ABS) 2001 Census, Centrelink, Henderson Poverty Line and the Department of Immigration, Multicultural and Indigenous Affairs (DIMIA) to estimate the prevalence of social exclusion of children in the City of Boroondara. The study focused on groups considered in the literature to be the most likely to have children who experience social exclusion. These high-risk groups include sole parent families, families with both parents unemployed, public housing residents, recent migration arrivals and refugees, Indigenous families and large families. This analysis

conservatively estimated the number of socially excluded children living within Boroondara to be 4,594 or approximately 12% of children[1].

Stage One recognised that many families may experience multiple disadvantages that intersect and reinforce each other. However, the impact of multiple disadvantages is not well documented in Australian published research. Consequently, the authors of the first report recommended that to gain insight about multiple disadvantages, information should be sought from agencies which work with children and families at risk of social exclusion.

The complete report of *Social Exclusion in Boroondara; Stage One: Scoping published data on child poverty in Boroondara*, which includes recommendations for Stage Two and more detail on the definition of social exclusion, is available online from the Brotherhood of St Laurence website, <www.bsl.org.au>.

Objectives for Stage Two

This study has the following three aims:
1. to gain greater understanding of the issues surrounding the social exclusion of children in Boroondara
2. to gain knowledge about how the needs of these children are presently being met, and where needs are not being met
3. to engage local welfare agencies and other relevant parties in the project and also to raise the awareness of community, services, government and business about the issue. It is hoped that this raised awareness will then cultivate greater support for improving the well-being of socially excluded children living in Boroondara.

The study process

This study sought the opinions of staff, in selected services that work with children, about the social exclusion of children in Boroondara. They were asked about the extent and causes of social exclusion, as well as how well needs were being met in Boroondara. This information was sought through a mail-out survey and face-to-face interviews. Additional information was gathered from a small group of women with children who are experiencing some form of social exclusion. A committee of representatives of local organisations met regularly to advise the study team. In line with the Convention on the Rights of the Child (UNICEF 1990), the research focused on those aged between 0 and 18 years of age, referred to as 'children' in this report.

Survey of agencies

A spreadsheet was developed of agencies[2] in Boroondara that provide services for socially excluded children and/or families. Details were entered on the nature of the services provided, their availability and contact details for the organisation and/or particular programs that they run. The bulk of this information was obtained by searching on the internet and then calling the organisations to ensure that the details were up to date.

Surveys were sent to representatives from 60 key welfare programs from 45 agencies. Both e-mail and telephone follow-ups were undertaken to encourage survey returns, priority being given to achieve representation from as many agencies as possible. Twenty-eight questionnaires were completed, representing 25 different agencies—a return rate of 62 per cent of agencies, or 47 per cent of programs, that were sent a survey.

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[1] The basis for this estimate is outlined in the first report: *Social exclusion in Boroondara; Stage One: Scoping published data on child poverty in Boroondara and Recommendations for Stage Two*.

[2] Agency is used as a generic word to encompass organisations, both government and non-government, as well as schools, who provide a service to disadvantaged people.

Information was sought on the numbers of children/youth/families in the program and their ages, the services provided, waiting lists, and areas of need the program is able and unable to cover. The broad categories of services selected to be surveyed included services associated with a disability, migrants, material aid, counselling, maternal and child health, child education and care, children at risk of harm and income support.

Interviews with key personnel

The study team undertook nine in-depth interviews with one or more personnel from welfare agencies, selected on advice from the project advisory committee.

Focus group

To ensure that the study considered the point of view of those who arguably have the deepest understanding of social exclusion, nine mothers of children who use one or more of the community services participated in a focus group. This was held at a welfare agency, and staff minded the children while the group was in progress. The session was unable to be sound recorded as one group member requested that this not take place. The participants were financially compensated to show that the time and information they provided was valued. The researchers provided a lunch which was shared with participants and some of their children and service providers.

Context of the study from the literature

This section of the report offers some contextual background for the study. It briefly reviews the following issues from the literature:

- the needs of children who experience social exclusion
- the service response to these needs
- recent developments in service responses
- the current policy context of place-based approaches
- Department of Human Services planning

The needs of children who experience social exclusion

In 1999, British Prime Minister, Tony Blair, announced a vision to end child poverty in 20 years time. As a result, the UK has pursued an extensive policy program addressing child poverty. While there has been an overall reduction in the number of children in poverty, those children with multiple disadvantages have proved the most difficult to assist. This work in the UK provides valuable insights for the field in Australia, since in reality Australian social policy in the area of child welfare closely follows the UK programs.

An important UK report, *Every Child Matters*, has given considerable direction to social policy in child welfare (Department for Education and Skills, 2005). It reports on a consultation with children and young people, who stated they wanted the following five outcomes:

- being healthy—physical and mental health
- staying safe
- enjoying and achieving—getting the most out of life
- making a positive contribution—being involved with the community and society
- economic well-being.

Child well-being

Child well-being is dependent on the satisfaction of material, physical, affective and psychological needs (Prilleltensky & Nelson, 2000). Achievement in these areas is reached through strong and healthy attachments and age-appropriate competencies (Cowen 1996) which develop through a complex and dynamic interaction between the child and significant others in their life. These significant others are commonly viewed as the child's mother, other immediate family members, the extended family and friends, and the community. The importance of the broader circle of people increases as the child ages, an issue described by Bronfenbrenner in terms of an ecological model (1979). Thus, the well-being of the child's immediate significant adults (the family) and their ability to provide a context which fosters the child's development are of great importance, especially for the very young child. The child's family requires the physical, social, cognitive and emotional resources to provide for the child's needs (Prilleltensky & Nelson, 2000). As the child ages, needs are increasingly met by wider social contacts and the community.

Providing resources to children is more difficult where the significant person(s) caring for the child is experiencing social exclusion. Those experiencing social exclusion tend to cluster around certain vulnerable groups including new migrants and refugees, those on a low income, and rurally isolated and Indigenous people. Children and their immediate carers may belong to one or more of these groups. Thus, many factors—including the family's financial resources, education, transport options and health services—may restrict children's access to resources fundamental for well-being. Where the barriers are

multiple, they compound adverse impacts such as isolation and disadvantage. Adversity limits personal parental resources and makes it more difficult to provide emotionally responsive parenting.

However, providing resources to families can also produce a composite impact in a positive direction. Resources may be in the form of material assistance, health improvements, emotional support or the development of cognitive understanding in parents. Thus, similar to the 'negative chain effects' (Rutter, 2000), it is possible to have positive chain effects.

Healthy, fulfilling interactions between the child and other important people in the child's life also depend on personal factors. This applies to both the child and their significant adults. An adult's own childhood, whether it had many adverse or many positive events, and how he or she is able to adjust to present life circumstances (such as being a refugee in a new country) will impact on both the ability to form relationships and the quality of those relationships. Thus the psychological well-being of parents and other significant adults is of great importance to the well-being of the child.

Addressing disadvantage

The state of Victoria's children report 2006 notes that:

> Child poverty remains a significant impediment to child health and Australian children from less advantaged socioeconomic backgrounds continue to experience poorer health outcomes (Hood, 2006, p.31).

It is noted that child health is viewed broadly, comprising physical, mental and social well-being.

Providing for the well-being of children can be argued as important on the grounds of social justice and equality. Using a social investment argument, there is also the case for investing in people for economic and social productivity reasons (Perkins, Nelms & Smyth, 2005). An economic argument can be strongly based on the increasing evidence of the cost effectiveness of investing in children rather than applying remedies later in adult life, such as through the mental health and criminal justice systems and through the need for income support. The economist, Heckman (2004), has clearly shown the substantial cost savings gained by investment in early childhood services for disadvantaged children, the cost of achieving the desired outcomes increasing with the age of the child. For example, the rate of return to society of an enriched preschool program in the United States, the Perry preschool program, is 12%. Heckman states: 'We are simply arguing that early environments play a large role in shaping later outcomes and that their importance is neglected in current [US] policy' (2004, p.34).

It could be argued that Australia is still a country where life chances are unequal. This damages not only those children born into disadvantage, but society as a whole:

> We all stand to share the benefits of an economy and society with less educational failure, higher skills, less crime, and better health. We all share a duty to do everything we can to ensure every child has the chance to fulfil their potential (Department for Education and Skills, 2003, p.5).

This implies there is a need to ensure that all children have the basic capabilities to achieve the outcomes they desire and a state of social inclusion and well-being. The economist Amartya Sen says everyone should be interested in what a child can do and be (for example, Sen, 1999). There is an argument for a minimum level of resources for all

people, and such an argument offers a rationale for giving some people more than others in order to overcome disadvantage.

The service response to these needs

Non-government organisations play the role of an intermediary between the government and the community. Non-government organisations in the welfare sector assist people experiencing disadvantage through direct services or by representing their needs. The social support of welfare agencies provides emotional and practical help which promotes well-being, as well as reducing the impact of stressful events by enabling people to cope more effectively (Moore, 2005).

Recent reports in Australia suggest that the non-government sector is, at best, struggling to meet the needs of disadvantaged groups. The Child and Family Welfare Association of Australia (CAFWAA) notes:

> The sector is passionate and committed, but CAFWAA is gravely concerned about its ongoing capacity and viability to meet future needs of children, young people and their families (CAFWAA, n.d., p.45).

A survey of the availability of family support services reported by CAFWAA found that demand for services greatly exceeds supply. Fifty per cent of families requesting family support services in August 2001 were placed on a waiting list. Seven per cent of these obtained a service in under two weeks, the remainder waiting up to five weeks for a service (CAFWAA, n.d.). Other Australian research has shown the negative impact on programs arising from a lack of funding stability (Stanley & Kovacs, 2003). It found that many programs were operating on a budget that was far from ideal, needing to rely on the goodwill of staff to 'make-do' and using volunteers to undertake tasks such as administration, child care and even service delivery. Some welfare agencies which offer a service to children deliberately did not advertise their services for fear they will be overwhelmed by the number of people seeking assistance.

A recent report from the National Research Centre for the Prevention of Child Abuse notes the continuing neglect of the early intervention and family support system in Australia (Liddell et al., 2006). The problem is exacerbated in Victoria through the policy of minimum government intervention into child abuse and will become worse with the introduction of a dual reporting system of child abuse due to be enacted under the new *Children, Youth and Families Act 2005*. The CAFWAA argues that a significant investment of funds is needed to meet current service demands. They point out that it is in the interests of government and the community to ensure the robustness of the community care sector.

The Spending Review of 2002 in the UK looked at how relations between government and the voluntary sector could be improved (reported by Rankin & Regan, 2003). It was recommended that a more stable funding arrangement be put in place with fewer short-term funding contracts. Contracts of one to two years were found to inhibit practice and reduce client accessibility, whereas contracts lasting from five to eight years were more appropriate for people with long-term needs. The voluntary sector's capacity to access capital was seen as important, as was a more equal partnership between local government[3] and the voluntary sector, rather one that is based on a 'donor and supplicant approach' (Rankin & Regan, 2003, p.53). The Brotherhood's experience suggests that the situation is very similar in Australia.

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[3] The UK has two major tiers of government, national and local. In Australia, the three tiers of federal, state and local all need to be included.

Recent developments in service responses

The UK report, *Every Child Matters*, heralded significant changes in the approach to the provision of children's services. This change has begun in the UK, but is estimated to take at least a decade to become embedded in practice (Lownsbrough & O'Leary, 2005). These changes are targeted at the tactical or service design level. The new model emphasises prevention services and a minimum service level which focuses on outcomes for all children. The need for all services and separate organisations such as schools and voluntary organisations to collaborate to meet shared objectives is strongly advocated. Government authorities are asked to promote integration while at the same time allowing flexibility in their services (Lownsbrough & O'Leary, 2005).

Models of this type of practice have a number of common guiding principles. These are:
- looking at the whole needs of the child
- coordinating services between agencies
- user and community engagement
- single point of entry for integrated support and co-location of services.

This new way of working and the guiding principles can be seen in some state and federal government programs introduced into Australia in the past few years, such as Best Start and Neighbourhood Renewal in Victoria, and the federal government program, Communities for Children. However, the scale of these projects is small compared with the UK equivalents, and they only encompass targeted areas of service provision. Best Start is planned to be available in about 29 sites in Victoria and Communities for Children in 45 sites around Australia. The UK projects are projected to be about six times this size, calculated on a per capita basis. The Australian programs are not coordinated with agencies and programs outside the schemes, except where initiatives have been taken at the local, operational level by the agencies themselves, as for example in parts of the City of Dandenong.

Looking at the whole needs of the child and coordinating services between agencies

Policies to date have been more successful in helping children on the margins of social exclusion, those with less complex needs, rather than those in the depths of social exclusion (Piachaud & Sutherland, 2002; Rankin & Regan, 2004). Just targeting one issue, such as a behavioural problem, is not sufficient to mitigate the negative effect derived from considerable poverty or social exclusion (Zwi & Henry, 2005). Socially excluded children who have complex needs are less likely to have their needs met by the present Australian service structure which is often patchy, both geographically and in relation to the range of services available. However, new structural changes proposed by the Victorian government may move towards addressing this (see below).

The fact that needs are recognised to be multiple, arising from many interlocking factors, implies a need to join up solutions and partnerships to create flexible and creative responses, with the child placed in the centre of the service system. The need for a joined-up approach to provide a match between levels of need and service provision was strongly advocated by the UK report, *Every Child Matters*, and other researchers (such as Preston-Shoot & Wigley, 2005). Laming (2003) concluded from the inquiry into the death of Victoria Climbié, caused by severe abuse, that: 'Patterns of need and risk have been obscured by different agencies holding fragments of a jigsaw rather than a complete picture' (Preston-Shoot & Wigley, 2005, p.267).

This joined-up response needs to have two dimensions: a joining up of all levels of government, the non-government sector and the community itself; and a continuum of services which range from health promotion and prevention through to reactive responses

to intervention with high-risk groups of people. Interventions that address only one factor where complex disadvantage is present may make a short-term difference but will not produce sustained change:

> Sustained change can only be achieved when the service system as a whole coordinates its efforts and addresses multiple risks at different levels simultaneously (Moore, 2005, p.17).

Work commissioned by DHS and undertaken by the Brotherhood of St Laurence (2002 to 2004) explored how best to engage with particularly vulnerable children (DHS, 2004; Hydon et al., 2005). Improved engagement was found to be related to attention to all of the following factors: reducing structural and practical barriers to service accessibility, building positive relationships, ensuring cultural sensitivity and value for effort (often resulting in co-location of services), and the development of links between services. Particular contexts and processes facilitated the development of these strengths:

- resourcing, which was of critical importance, as collaborative working is resource-intensive
- existing, positive local working relationships
- a 'champion' to lead the process
- strong commitment and flexibility by all coordinating organisations, including the three levels of government and the various sections of DHS.
- ongoing review of effectiveness of process and the flexibility to change and improve processes where necessary.

User and community engagement

In recent years, especially in Australia and the United States, considerable attention has been given to the notions of social capital and community strengthening. These relate to personal and community networks. Social capital refers to the development of social networks, reciprocity, and trust between people (Putnam 1995). Community strengthening occurs where a sense of 'neighbourhood' develops between individuals, families and organisations. This happens when people become actively engaged in the community. They feel socially connected and may become volunteers or leaders, and a sense of community pride is established (Vinson, 2004). Like financial capital and human capital (education/training), social capital and community strengthening promote personal well-being including children's well-being and build the capacity to overcome adversity.

Social capital is important in providing informal sources of social support, through networks of family, friends and neighbourhood connections (Moore, 2005). For example, such networks may provide information, advice and modelling behaviour around issues of child development and behaviour. People with stronger social networks may be associated with positive well-being outcomes such as better physical health, less psychological distress, feelings of value and safety and higher levels of trust (Moore, 2005). Thus, it is likely to be important for communities to seek to positively influence the development of social capital. One way of doing this is to promote community strengthening.

The UK has given a lot of attention to community strengthening through what they call 'civic renewal', which has the philosophy that an important way to solve contemporary social problems is to empower people in their communities to provide the answers (Civic Renewal Practitioners Group, 2003). The issue of community engagement has received increasing attention in Australia in the past few years. The Department for Victorian Communities (DVC) has encouraged such an approach in Victoria, with a variety of initiatives to facilitate increased community engagement. However, a recent survey by

DVC suggests that considerable work remains to be done to promote community responsiveness and participation (DVC, 2005). While 78 per cent of those surveyed felt that it is important that the government is responsive to local needs, only 23 per cent of people felt that the government was responsive in their local community. Similarly, 72 per cent of people felt that it is important that people have opportunities to participate in the decisions made by government, while only 26 per cent of people felt that this was the case in their own community.

Empowerment, as well as the increase in confidence and a reduction of a sense of powerlessness of socially excluded people, can be achieved through participation in the decision-making process around actions which influence their life. Community building is said to provide an opportunity to nurture and build people's capacities and resilience, and through this process the whole community is also becoming more empowered and more resilient (Cadell, Karabanow & Sanchez, 2001).

While the aim of community building is to mobilise skills and resources and apply them in ways that achieve positive social change, many factors need to be considered. These include deciding who should be the participants and to what degree they should be involved, who is in charge, which issues should be addressed and how broadly, and what kind of action should be taken. Leadership, in the form of community champions to offer a vision, has been seen to be of considerable importance (Department for Education and Skills, 2005). It may be important to break down professional barriers to enable the community to become involved in the organisational life of some services and provide relevant opportunities in the community for engagement.

Single point of entry of integrated support and co-location

Co-location of services, service hubs, Connected Care centres and single point of entry services, all describe differing versions of centres which offer many services at the one point for people with complex needs. The principle behind these models is the co-location of professionals (Rankin & Regan, 2004). While an individual professional takes a lead role, a common assessment process and team strategies can evaluate and intervene to meet many needs of the individual. Information sharing and links with external agencies would increase the effectiveness of the service. A relevant example in Australia is the artificial separation between child care and preschool: many important opportunities for children are being missed by a failure to integrate these services. A high-quality service for socially excluded children and families would combine suitably qualified and remunerated child-care staff (thus reducing staff turnover), opportunities for learning and fun, and responsiveness to parental and child needs (such as flexible hours and the option of outreach services), as well as the linking with family support and primary health care. Poor child care, especially with lack of continuity, has been found to be worse for children than no child care (Shonkoff, 2006).

Current policy context of place-based approaches

In recent years there has been increasing research and governmental interest in place-based disadvantage. This is reflected in government programs such as Neighbourhood Renewal, undertaken on a large scale in the UK and a much smaller scale in Victoria Government. Indeed, both the federal government and Victorian state government are presently funding a number of place-based programs, referred to above. The establishment of the Department for Victorian Communities in 2001 and documents such as 'A Fairer Victoria' (Department of Premier and Cabinet, 2005) reflect a concentration on particular Victorian communities with multiple disadvantages. These areas of disadvantage in metropolitan Melbourne, as measured by the Henderson Poverty Line (Melbourne Institute of Applied Economic and Social Research, 2002–03) were found in northern, western and south-eastern suburbs of Melbourne and parts of the Mornington

Peninsula (Hancock & Horrocks, 2006). These areas are characterised by high numbers of single parent families, unemployed people and older people.

Australian research such as that undertaken by Vinson (2001) and at the National Centre for Social and Economic Modelling (NATSEM, 2004) supports this notion of place-based disadvantage. A recent study by NATSEM on child poverty concludes that an increasing body of evidence suggests that there can be major differences in well-being between children living in different geographical areas (Harding et al., 2006). This study used both measures of income and other measures of social exclusion, namely, the means to create income (employment status and education), housing tenure, use of English language, computer use at home and whether or not the household had a motor vehicle.

The major differences between the top 20 per cent of areas with the highest rates of social exclusion of children and the 20 per cent of areas with the lowest levels of social exclusion of children were to be found in relation to:
- occupational status – whether or not the family's member's highest occupation was white-collar or not (57 percentage points difference)
- whether a computer was used at home or not (51 percentage points difference)
- whether the family's highest level of school achievement was below year 12 (46 points difference)
- whether they owned their own home or not (39 points difference)
- whether they attended a government school or not (30 points difference).

A problem with this study on child poverty is that the findings are based on aggregate data often covering fairly large geographical areas (Statistical Local Areas, which may be almost as big as Local Government Areas). Averaging over large areas produces findings of questionable value, a point noted by the authors themselves. The problem can be illustrated by the following: if a man is lying with his feet in the oven and his head in the fridge, it could be said that, on average, his temperature is 'comfortable'. Indeed, it is possible that in an area such as Boroondara, with a considerable number of households with high incomes, high educational achievement and children at private schools, the averaging of findings will mask the presence of social exclusion and disadvantage even more than in other less affluent areas.

Thus, while social policy in Australia is commonly grounded in a place-based approach, and based on research such as that referred to above, those areas with scattered poverty will be disadvantaged. Although this issue receives little attention in the UK, it is noted that the majority of disadvantaged people do not live in disadvantaged areas (Kleinman 1999, reported in Office of the Deputy Prime Minister, 2002). This issue is mostly raised in the context of rural disadvantage where there is often highly variable distribution of disadvantage (Midgley, Hodge & Monk, 2003). It is suggested that strategies to tackle poverty and social exclusion should not focus solely on place-based issues, but also be people-based (Rural Poverty and Inclusion Working Group, 2001). Such an approach is said to have similarities with Sen's concept of individual capabilities, or the ability of people to have the capacity to have achieve basic levels of well-being (Hodge et al. 2000, referring to Sen, 1999).

An recommended approach to measure people-based disadvantage is to develop 'bundles' or groups of indicators on a small area basis and standardise for population size as a means of identifying disadvantaged groups of people (Hodge et al., 2000). For example, one 'bundle' relating to access to employment would include the numbers of people unemployed, the size of 'hidden unemployment' and the numbers of people having to move out of the area to obtain employment. Such an approach would allow better

cross-area comparison and would allow change or progress towards alleviating disadvantage to be measured over time in the one area.

Thus, in summary, a place-based approach to measurement and service provision is likely to disadvantage socially excluded people in geographic areas perceived to have considerable advantages.

Department of Human Services planning

On 7 March 2005, the Department of Human Services (DHS) restructured to form the Office for Children. Associated with this was the development of new legislation, the *Children, Youth and Families Act 2005*, which is to come into effect on 23 April 2007. The Office for Children has brought together a number of formerly separated functions:

- universal early childhood care, education, health and disability programs
- programs targeting the safety and well-being of children including child protection services
- Juvenile Justice services
- State Concessions programs (DHS, 2007).

Alongside these changes has been the development of a new Strategic Framework for the DHS funded Family Services program (DHS 2006). This is based on an integration of DHS funded family services and Family Support Innovation Projects, the latter a support program introduced by DHS in 2002. This proposed framework is based on a coordinated approach to service delivery with a central assessment and referral process located in specific catchment areas. Referrals to a central intake, known as Child FIRST or the Child and Family Information Referral and Support Teams, will be prioritised and allocated according to the risks and needs identified. It is said to have the best interests of the child as a central tenet and the coordinating approach will enable a more effective response to complex and multiple needs. Particular attention will be given to vulnerable children in the child protection system, families from culturally diverse communities and vulnerable children from Aboriginal communities. The Child FIRST teams will be established in a staged process up to mid 2009.

Boroondara sits in the Inner East of Metropolitan Melbourne. The Inner East comprises local government areas of Boroondara, Whitehorse, Manningham and Monash. It is yet to be funded for an Innovations project; and is currently offering a consultancy to develop a Model of Service Reform and the implementation of registration standards for Community Service Organisations in the Inner East.

Findings

This section reports the findings from the 28 returned questionnaires representing 25 agencies or groups in Boroondara, one agency reporting on three programs. The survey findings are complemented by information drawn from the nine interviews with staff from selected agencies. These agencies are listed in Appendix 1. Finally, the findings from the focus group with mothers are reported.

The surveyed agencies

The 25 agencies which replied to the survey offered a wide range of services to children and their families. They included general welfare agencies, specialist agencies in the areas of mental health and disability, schools, a government agency, Maternal and Child Health, an Australia-wide agency, youth services, a local church congregation, a specialist migrant agency, an agency targeting the community, a neighbourhood house and a counselling agency. Two agencies replied anonymously.

## Services in the programs included in the survey

In the month prior to completion of the questionnaires, the programs offered a service to more than 500 families and children: 166 families were covered in 22 programs, 311 children covered by 17 programs and 41 youth covered by 15 programs. One agency had not run their program in the past month.

Just over half of the programs (14 of the 26 respondents who completed this question) provided a service to children of all ages. Five programs only targeted children prior to school age and two programs only targeted youth aged 12 to 18 years. No program focused on primary school aged children, who appeared to be the least well-served age group.

The respondents were asked to indicate the forms of intervention or services undertaken in the programs (see Figure 1). The most commonly offered services were advice/referral (in 19 programs), followed by counselling (in 17 programs). While on average, the programs each offered five services, the range was wide. Three programs exclusively offered practical aid, social support, counselling and group work. Sixteen offered 2 to 5 services, five programs 6 to 10 services and four programs offered over 10 services.

Of the 13 programs which offered practical aid, 11 gave food and clothing, 8 financial support and 4 offered practical help with accommodation. Ten programs undertook community strengthening; all of these also offered other forms of interventions. For one program, the only other intervention was advocacy campaigns. In addition to the suggested list of services, one program offered respite and recreation, and another, case management.

Figure 1: Services offered
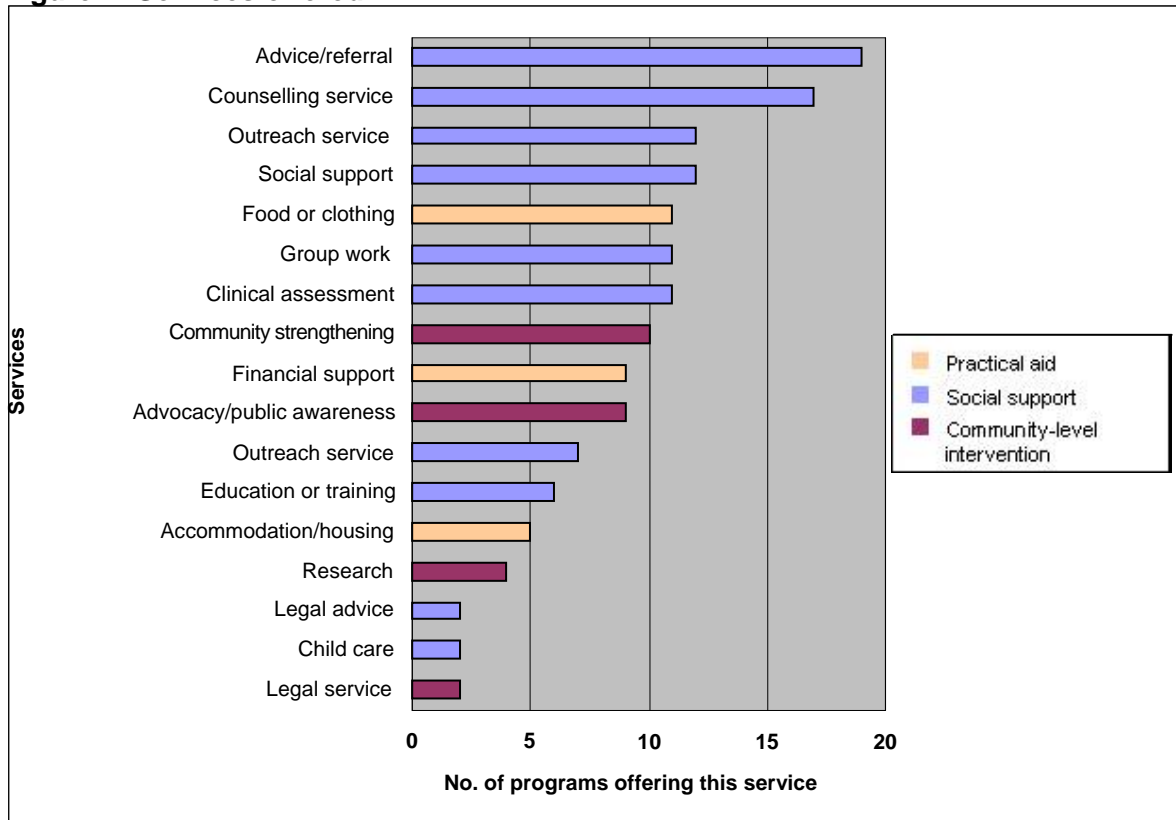
Needs addressed by the programs

Respondents were asked to indicate the types of needs they addressed in their programs (see Figure 2). The average number of needs addressed by the agencies was just under six, but the range was wide. Two agencies are highly specialised, addressing one need each: personal counselling and mental health. Six agencies cover 2 or 3 issues, and four agencies cover 10 or more areas of need.

Family support (20 programs), social integration (16 programs) and personal counselling (16 programs) were the major areas of need addressed by the 27 programs for which this information was provided (see Figure 2). Transport, employment opportunities and legal advice were the least attended issues. One respondent did not identify specific needs, as they stated they were a 'point of contact, encouragement and guidance for the person's current situation'. Two respondents added that their program covered the issue of parenting, and another said their program offered support and resources for the homeless sector around the needs of children entering their services. Those programs engaged in community strengthening saw this as a solution to a range of needs.

Figure 2: Types of needs addressed by the program
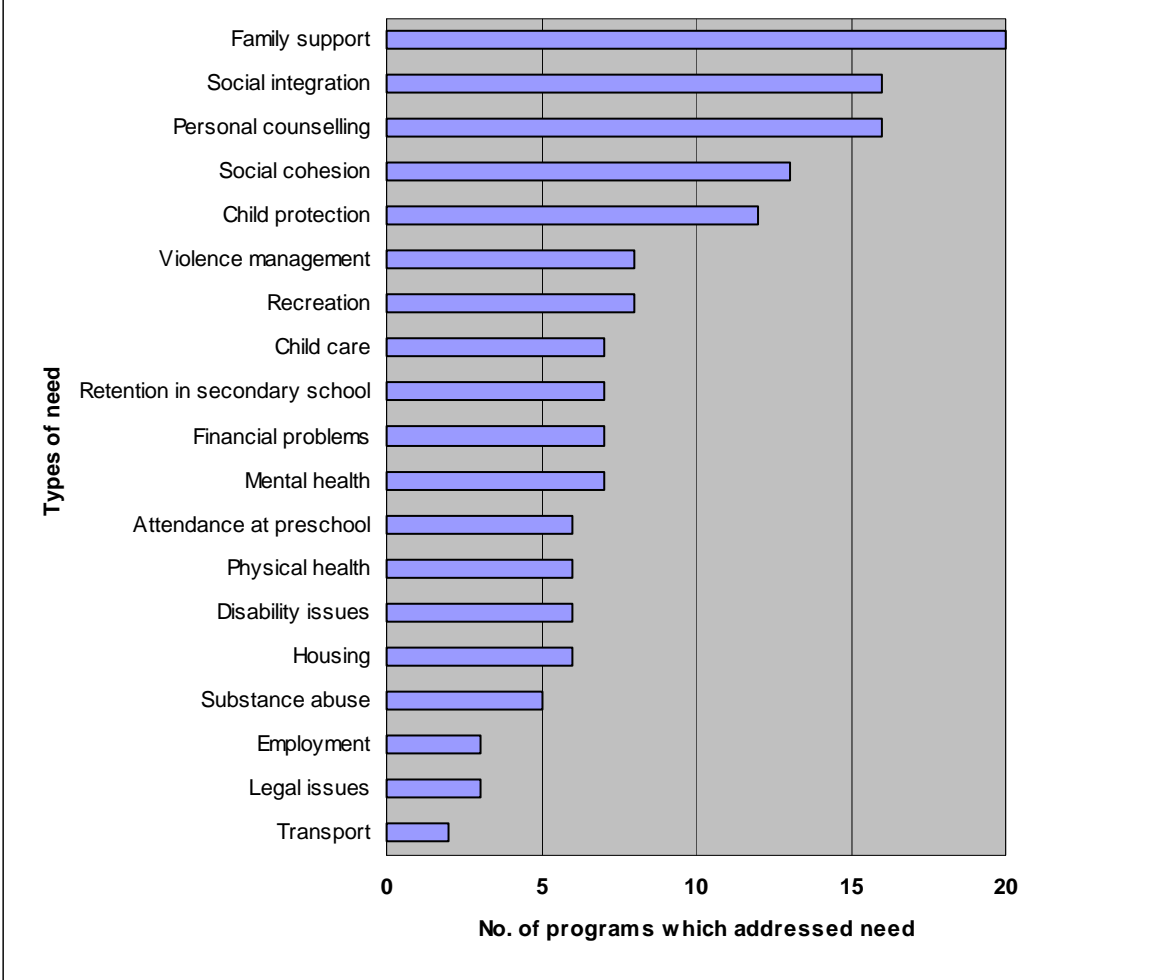
Demand for services

In two-thirds of the programs (17), the demand for services was said to be greater than what could be provided. Three respondents were not able to answer this question: one because the program was too new, and the other two because they were unable to judge demand as theirs were not individual client services. The nine agencies who stated they were meeting demands tended to be smaller agencies. The two programs that were not meeting needs and that were not general welfare agencies were a maternal and child health centre and a church congregation service.

Over two-thirds of those who responded to this question (16 programs) said that statistics of unmet demand for access to the program were not kept. Those respondents who believed that the program was able to meet demand tended to be the ones who had not kept statistics on unmet demands (see Figure 3). It may be that they were accurate in their belief there was nothing on which to collect statistics, or that their failure to keep statistics led to an inaccurate perception of demand.

Figure 3: Ability to meet demand for the program (N=24)
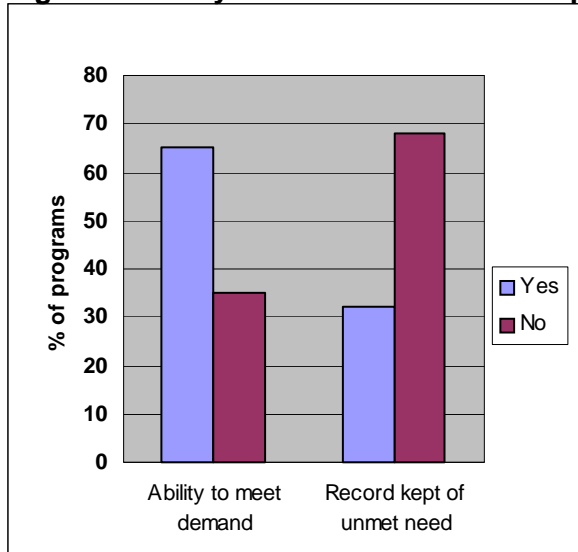
The respondents were asked about waiting lists for their program. Six programs had some form of waiting list. However, whether or not a waiting list was held did not necessarily reflect the demand for the program. Agencies handled excess demand in various ways. For example, people were turned away or referred elsewhere, an emergency response was offered, people's needs were prioritised to decide who should receive a service, a volunteer was allocated to the person, or a limited service was offered. Agencies with waiting lists also reviewed those on the list regularly and some closed their lists after a certain time or once the list reached a certain number of people. Comments included:

> [We] close them [waiting-list] when it gets to three or four families waiting.

> We see families on request.

> [There is] regular monitoring of families on waiting list. Waiting list closes once waiting period reaches three months.

> [There is] no waiting list because of lack of funding therefore cases have been turned away.

> 1. Make sure referral is appropriate. 2. Allocating to workers when appropriate – re need and availability. 3. Follow-up with those still waiting.

> Single sessions, crisis appointments, offer of referral to other services.

> At present no waiting list. When I have a waiting list I speak regularly with the client on phone. Visit if necessary and do any referring prior to the client being allocated a volunteer.

The importance of social exclusion

An opinion was sought on the importance of social exclusion or poverty of children in Boroondara (see Figure 4). The great majority of respondents (23) believed the issue to be important or very important. The respondent for one program believed social exclusion of children to be of little importance. No agency thought that social exclusion of children was an unimportant issue.

Figure 4: The importance of social exclusion of children in Boroondara as viewed by survey respondents (N=28)
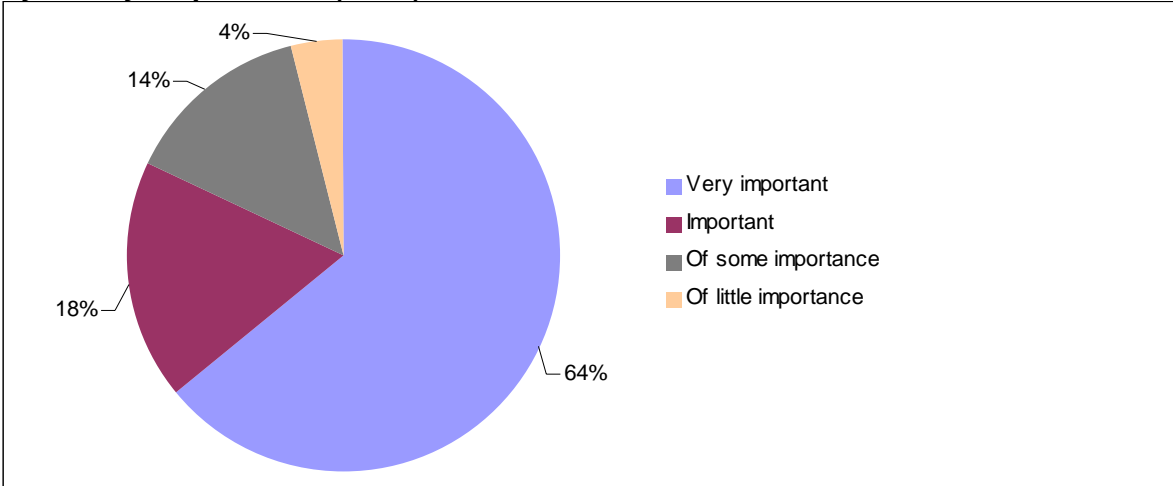
The social exclusion of children was similarly viewed as being of importance to the agency, there being little variation in the figures (see Table 1).

Table 1: The importance of social exclusion to Boroondara and to the agency

Rating of child social exclusion	To Boroondara	To agency
Very important	18	18
Important	5	4
Of some importance	4	4
Of little importance	1	2
Not important	0	0

The two instances where social exclusion was considered to be only of little importance to an agency related to a neighbourhood house and a particular program in a general welfare agency. Clarification with the respondent in the general welfare agency found that social exclusion of children was not of relevance to the particular program for which information was sought.

The hidden nature of social exclusion

The interviews offered some additional insights to the surveys on the problem of child social exclusion in Boroondara. This broadly related to the lack of awareness of many Boroondara residents that social exclusion is present in their locality, the exclusion being not 'so visual', and the difficulties experienced by those who are socially excluded within a suburb which is generally perceived as highly affluent. The types of difficulties included:

- There are fewer employment opportunities, such as part-time retail jobs, for disadvantaged youth who are unable to 'present' as well as youth coming from more affluent backgrounds.
- In suburbs where poverty is more visible, there is generally more supportive infrastructure to meet needs, such as outreach services.
- Shame is felt by some of those experiencing social exclusion. One agency said that 'being so poor in a wealthy area can be devastating'.
- The City of Boroondara shares a municipal boundary with some pockets of poverty, such as public housing in Richmond and Chadstone. Children from these areas who use services such as schools in Boroondara can experience exclusion.

- Children may be excluded from holding birthday parties, parents feeling that their homes are inappropriate venues and not having the money to hire other venues. Buying presents to attend parties can also be difficult.

- Many of the recreational activities in the area, such as shopping and access to sports facilities, are expensive relative to other areas in Melbourne. Hence, children from disadvantaged backgrounds may have limited social opportunities.

Causes of social exclusion

Survey respondents

From the survey respondents' perspective, the most important reason leading to the social exclusion of children in Boroondara was low income (19, or 68%, stating this). It was noted that children may inherit the social exclusion of their parents, as those parents who have a low income struggle to ensure that their children are socially included. One respondent reported:

> Government income support is really basic. The money is just enough to feed the child and pay the bills, for other incidents like birthdays and illnesses, little money is left.

The other critical factors leading to social exclusion included mental illness, being a sole parent family, being unemployed, having a drug addiction and experiencing family violence. However, survey respondents said that social exclusion in children was caused by a range of factors, the average being between seven and eight factors (Figure 5).

Figure 5: Identified causes of child social exclusion in Boroondara, by percentage of responses
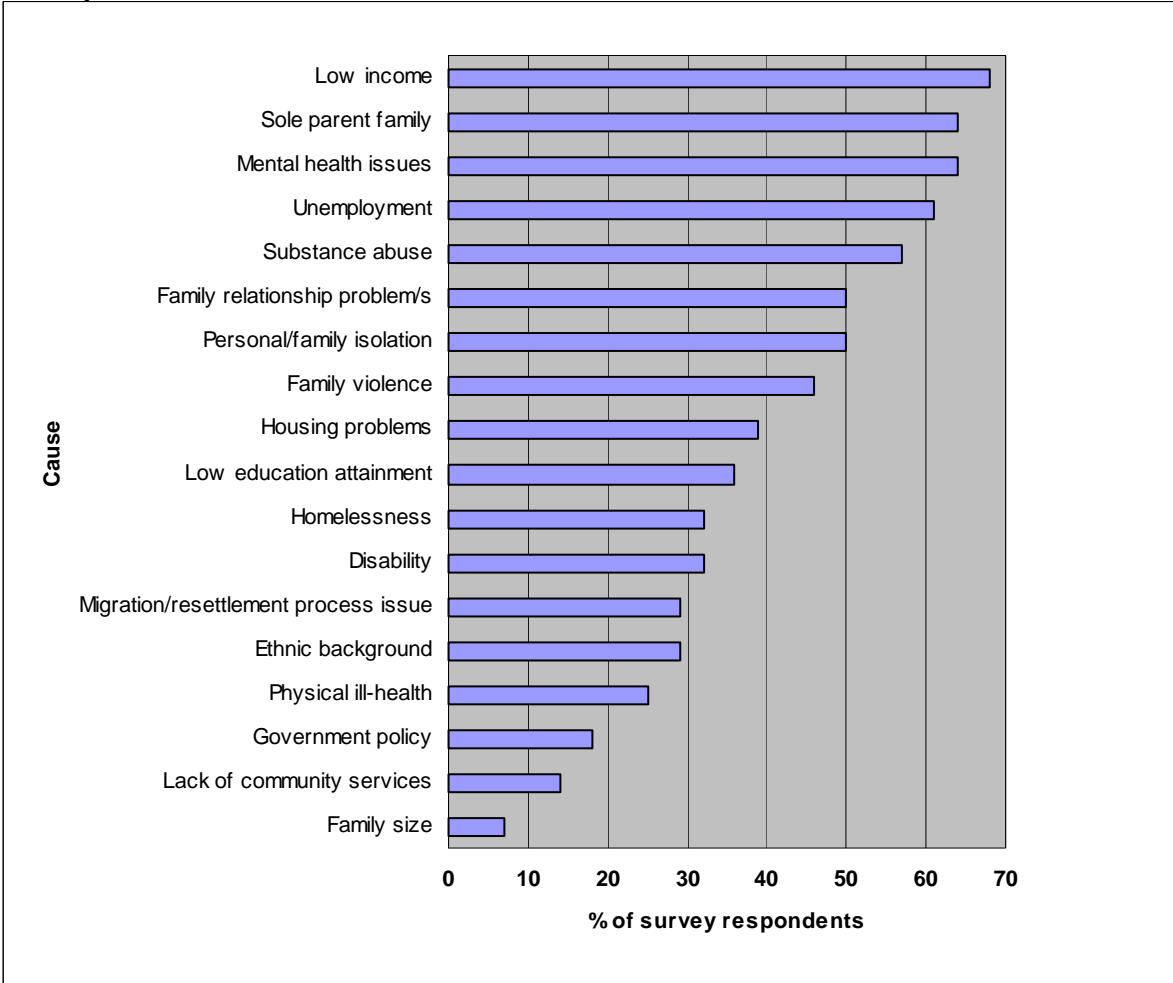
It is interesting to note that these issues (apart from sole parenthood, which was not a designated option) were low on the list of specific needs addressed by the programs. Mental illness was addressed in seven programs (11th on the list of importance of 19 issues addressed by the programs in Figure 2), substance abuse in five programs (16th on the list) and unemployment in three programs (17th on the list).

Interview respondents

The findings from the survey on the causes of social exclusion were confirmed in the interviews. Issues particularly mentioned were low income, mental illness, family breakdown and single parenthood, unemployment, family violence, housing problems, migrant/refugee status, disability and government policy. Those interviewed also referred to issues around prejudice and stigma, a topic not included in the survey.

Low income

The interviewees particularly noted how low income may serve to compound social exclusion. Many people struggling with poverty are forced to stay home to minimise expenses, thus increasing their social exclusion. Low income may also be a barrier to important connections with schools. Parents may not be able afford extracurricular activities, such as school camps and excursions. They may not have the means to transport children to and from other children's houses. One interviewee talked of how some low-income parents cannot afford specialist medical services needed by their children, for example to address learning or behavioural problems. One important

example of the impact of low income was the failure of children to attend kindergarten, with the non-enrolment rate being as high as 22 per cent of children in one area of Boroondara. Cost was one of multiple inhibiting factors which included problems with transport, parental mental illness, concern about interacting with other parents and fear of being judged by other parents.

Mental illness

The mental health problems of women were said to be seriously underestimated. Children who come from families where one or more person suffers from mental illness often experience social exclusion which may be compounded by the children themselves exhibiting psychological and behavioural problems.

Family breakdown and single parenthood

Many socially excluded children live in single parent homes that are dependent on child support, which is often an insecure and variable source of income. One organisation mentioned single fathers not taking enough time with child hygiene, or in making lunches for school.

Unemployment

One interviewee reported that there was a lack of unskilled employment opportunities during school hours. One outcome of this is that the children do not experience a working role model. Three interviewees reported that many parents are not job-ready: they may have unresolved emotional and mental health problems; many are suffering from trauma and low self-esteem often caused by experiencing abuse or a distressing relationship breakdown.

Housing

Two interviewees in agencies with housing services reported that their clients had in recent years changed from predominantly single men to predominantly families. Some public housing locations were said to be unpleasant with crowding and a concentration of people with multiple problems. This leads to high housing turnover and housing instability, exacerbated by the high cost of accommodation in Boroondara.

Despite the high cost of accommodation, people on low incomes choose to live in the area for numerous reasons—for example that they grew up in the area, their social networks are in the area, they find its location in the wider city convenient or they like the amenities the area offers.

Disability

Physical as well as mental disability is another reason why parents can have difficulty ensuring their children are socially included. The situation is even more difficult for families with more than one member living with a disability.

New migrants/refugees

One interviewee spoke about social exclusion and migration. The person noted that compared with some other areas in Melbourne, Boroondara does not have a large migrant population, although it is steadily increasing, especially with people from the Middle East and North Africa. Some overseas students with accompanying children come to study at Swinburne and Deakin campuses in Boroondara. They are usually without their partner and may struggle raising their children. The low number of new migrants in Boroondara (and the absence of large established groups from non-English speaking backgrounds) makes new arrivals more conspicuous. The numbers are also generally not large enough to form vibrant sub-cultures, although barriers around language and culture make

integration into the mainstream culture difficult. A reported difficulty is where cultures 'look after their own' so disadvantage may be less obvious. Fear of 'loss of face' in some cultures can lead to problems being hidden.

Much social exclusion is exacerbated by a lack of awareness by those in need of assistance about available community services, particularly in relation to non-English speaking migrants. On the other hand, the agencies are often unaware of the people who require their services, and many agencies have insufficient outreach programs. One agency affirmed that social exclusion was not only about individuals being unable to get access to a service, but also about being unable to access culturally appropriate services.

Government policy

Those interviewed affirmed that government policies had a large impact on child social exclusion. There was said to be a failure by all levels of government to recognise the extent and nature of social exclusion in Boroondara, and consequently it was given low priority. The federal government's Welfare to Work agenda was of concern in relation to the loss of income and additional hardships which will be placed on single parent families. Concern was expressed about the industrial relations changes, and the lack of funding for child care. The view was expressed that governments prefer to focus on what are perceived as concrete problems like alcohol dependency (which are often symptoms of social exclusion rather than the cause) but fail to see how many social problems are interconnected and that a holistic approach is required to combat social exclusion.

Prejudice

Discussion with those interviewed highlighted the issue of prejudice and intolerance of difference as being a contributor to social exclusion in Boroondara. Two interviewees commented that with a dominance of pupils from fairly 'middle class' backgrounds, those who do not share this background are perceived as being different and 'inferior'. Often it is their dress and general appearance which make them stand out, resulting in difficulties in forming friendships. Some mothers do not want their children to interact with others in playgroup who they believe have a 'problematic background' where the family may be involved with support systems such as child protection. Some parents were said to feel discomfort about their appearance and ability to present themselves 'adequately' at the preschool centre and walking to preschool. In addition, there was a general lack of community awareness about what constitutes prejudice.

As with the survey, those interviewed often highlighted the multiplicity of factors which lead to social exclusion. The concurrence of alcoholism and other drug addictions, and to a lesser extent, gambling, was mentioned, as well as mental illness and substance abuse, all in association with unemployment and low income. Interviewees had various opinions about causation. One was particularly adamant that it begins with low income and poverty:

> Imagine yourself as a single parent, no one to help you with your young kids, living in a small inadequate house. No room for the children to play, just you and the kids all day every day. Then what do you reckon would happen? You start to develop psychological problems and use alcohol as a coping mechanism.

Irrespective of causation, it was stated that the parent passes on their problems and habits to their children. One interviewee reported that:

> The cycle of poverty causes depression in parents and even kids as young as five. Depression is a huge problem. It causes parents to have no motivation, so they do not leave the house and engage in the community, which then causes more isolation and poverty. The alienation of the parent transfers to the child, isolated parents lead to isolated children. And depressed parents breed depressed

children. Parents with psychological illness and behavioural issues will pass these on to their children.

Effectiveness of response to social exclusion

Respondents were asked how well various issues around social exclusion of children were being dealt with in Boroondara, using the ratings: 'not at all, less than well, well, very well' and 'not known'. The findings, condensed into the two categories, 'not well', and 'well or very well', are shown in Figure 6.

Figure 6: Rating handling of social issues in Boroondara, by percentage of respondents
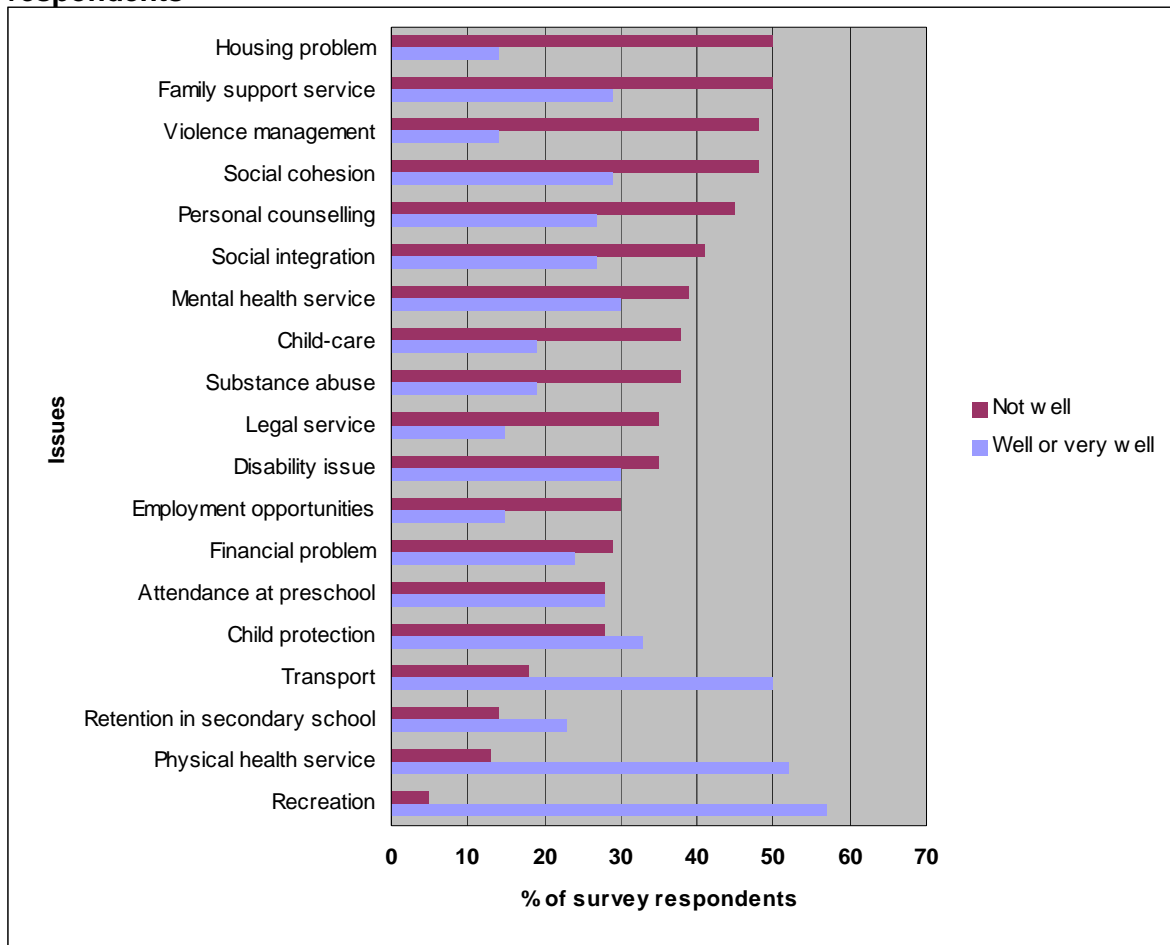
Recreation, physical health services and transport were considered to be handled well or very well by most respondents. Many other issues were handled less well, with violence management and housing being considered the least well handled, followed by family support services. One interviewee nominated two other areas not offered as options in the questionnaire which were not being done well: support for frontline workers and a strategy for helping families in need make positive life changes.

Housing

As noted, housing was not considered to be handled well in Boroondara. Few agencies offered a service around housing (see Figure 1). Only three programs offered practical assistance with housing, and six programs (22% of the 27 programs for which this is known) offered a service in relation to housing. However, housing was seen to be fairly important as a contributor to social exclusion of children (Figure 5). These findings

suggest a need to place more emphasis on housing in Boroondara and to review the basis for the provision of funding and opportunities to address housing issues in Boroondara.

Family support

Family support was second highest on the list of issues not dealt with well in Boroondara. In contrast to housing, this (or social support) was offered by many programs (74% of the 27 programs where this was known). However, family support tends to be offered by general welfare agencies, those agencies revealed by this survey to be the most pressured in relation to demands for their services. One respondent said 'we are overrun with people. Not enough family support services'. Thus, it would appear that more resources in Boroondara are required to meet this area of need (in terms of both preventative work and responding to families at risk) if the social exclusion of children is to be addressed.

Violence management

Violence management is another issue not considered to be done well in Boroondara. It is considered a fundamental contributor to the social exclusion of children by close to half of the respondents (46%). Eight programs address the issue (30% of the 27 programs where this is known). This is another situation where specific funding is distributed by DHS and it would seem that wider distribution is needed.

Employment

Employment opportunities are worth mentioning again here. Most consider that these are not done well in Boroondara, yet unemployment was judged by the respondents to be an important contributor to the social exclusion of children. However, few of the agencies addressed this issue, which was the third least addressed of 19 issues.

It should be noted that the findings should be viewed as an indication only. Not all respondents offered an opinion for each issue, the average number for each issue being 20 interviewees, with a range between 16 and 23 interviewees. Between a quarter and a half of the interviewees did not know how well specific issues were handled in Boroondara. The least well known was in relation to school retention (14 people did not know), followed by employment opportunities, where 11 interviewees did not know. It is perhaps surprising that so many agencies were not aware of issues in Boroondara that were impacting on the social exclusion of children.

What needs to be done to more effectively combat child exclusion in Boroondara?

Survey responses

Respondents were asked to nominate one additional thing which they would like to see done to counter social exclusion of children in Boroondara. Twenty respondents made a suggestion. The great majority of these suggestions (by 14 respondents) related to the provision of one or more extra services. These suggestions are as follows:

- family support services (7 respondents)
- income support services (2 respondents)
- personal counselling (2 respondents)
- family violence services
- parent and children group services

- early intervention services
- children's counselling services for those aged 5 to 12
- family therapy
- services for those experiencing depression and anxiety
- services for parents of adolescents
- services for children whose parents are homeless
- autism and Asperger Syndrome services.

While seven people specifically mentioned generic family support services, many of the other suggested services could possibly be included in a general service. Six respondents mentioned the need for low or no-cost services. The need for service co-ordination and awareness of issues was mentioned by three respondents, one suggesting that the City of Boroondara should be taking the lead on this. Other suggestions related to:

- increased child care places (2 respondents)
- funded kindergarten places (2 respondents)
- a children's centre
- starting a health care program at Markham Avenue Flats
- reduction of barriers to access services (enhanced responses, reduction of waiting lists, flexible child care, reduction/waiving of fees)
- vacation care for children with disabilities
- a 'higher standard of accessible and appropriate education'.

Interview responses

Those interviewed expressed similar responses to the surveys.

More resources

The need for more funding to combat the social exclusion of children was repeatedly voiced. This funding would be to:

- increase the number of programs and expand the existing programs, such as in the areas of counselling, emergency relief and outreach services. Suggestions for expansion included:
    - a greater number of organised youth activities and youth camps
    - better income support for families
    - resources to assist parents to become financially independent and address unemployment, such as more accessible training and education
    - more affordable child care, which would also allow parents to return to work
    - carefully targeted training in parenting skills, particularly in relation to teenagers and sexuality, supervision at home and physical fitness
    - resources to assess the effectiveness of their services in order to adapt them and improve them.
- improve the pay and working conditions of agency staff to reduce the problem of staff turnover. Staff turnover inhibits the development of client trust and relationship development with children and families.
- provide greater security in funding to reduce the need to repeatedly apply for funding, thus reducing the time available for clients
- resource community development.

A community strengthening and community engagement approach

For funding to be allocated most effectively, it was suggested that organisations and governments need to conduct more community consultations to ascertain what socially excluded children and families believe they need and how services should be developed to assist them. This bottom-up approach engages citizens so that non-mainstream cultures are reflected in service provision (for example offering services in languages other than English, instead of an agency imposing its own values. One interviewee stressed that improved services was not just about funding, but also about an organisation's cultural development which emphasises community strengthening rather than a paternalistic approach. It was felt by this interviewee that Boroondara Council would also benefit from an organisational development approach to multiculturalism.

Important to this approach is the provision of information to the community, such as what services are available in Boroondara. It was suggested that the internet could be better used to assist with this, including the employment of an online broker who could link people up with the appropriate organisation.

One agency expressed the view that a fundamental role for community agencies was to make a 'connection with socially excluded children and encourage them to develop hope and optimism'. By doing this community agencies can help children to break out of the intergenerational cycle of social exclusion. To be able to make this connection, though, agencies need to raise community awareness about their services and general presence.

Interagency cooperation

Links with other community organisations

All but two survey respondents stated they had links with other community organisations. The two who did not have links were a general welfare agency and a private counselling agency. Most had numerous links, often mentioning Camcare as well as other major agencies. Network groups such as the Youth Provider Network, Boroondara Family Care Network, Boroondara Family Support Network, neighbourhood centres and houses, and schools, were mentioned by some.

Interagency cooperation reported by the interviewees

The interviews proved to be a more fruitful information source for this subject. Interagency cooperation was viewed as very important by almost all the agencies. Cooperation at present was said to take the following forms: referral, network meetings and links with schools.

Referral

Currently almost all the agencies frequently refer clients to each others' services. The reasons for this include that the referred agency is more convenient located for the client, is more affordable, is better able to service the client's needs, and that an agency does not have the resources available that the client requires. However, the client may simply end up on more than one waiting list and not necessarily receive a service any sooner.

Network meetings

The referral process is supported by network meetings. These meetings facilitate information sharing about services offered and agency processes, serve to coordinate services to clients who use multiple agencies, and generally seek to foster closer working relations. There is a Boroondara working group that focuses on issues relevant to children and families and the Boroondara Social Support Network presently operating.

The positives of networking were qualified by two organisations that reported that networking risks additional demands on agency resources and reduces client time. Hence, increasing networking without increasing resources should proceed cautiously. Indeed, some agencies have withdrawn from networking due to a lack of resources. One proposal to enhance organisations' knowledge about each other without draining resources was to have a central website with as much information as possible about community services in Boroondara and links to agency websites. It was expressed that the current City of Boroondara website needed updating. Camcare has a comprehensive electronic data base of local referral information – INFOCOM.

Schools

A welfare officer present at the discussion with the school group noted that he has good connections with local welfare agencies and utilises their services; another participant noted that he obtains some financial support for disadvantaged children from the Lions and Rotary clubs. If the child's problem cannot be adequately addressed by the school, the Department of Human Services is often contacted. This is especially the case with learning difficulties, neglect and physical abuse. One government service that is often utilised in the case of migrant and refugee students is a language translation service.

Problems and possible solutions

Some of those interviewed believed that the current standard of cooperation could be improved. To illustrate this, while one agency was said to have done a 'good job' in intervening in an emergency situation relating to child abuse, the follow-up with the family was said to be inadequate The local service providers did not adequately collaborate to determine which agency or agencies would provide the required continued support. Another area for improvement was where agencies can find themselves in competition rather than cooperation, particularly in applying for government funds. For instance, numerous organisations may perform the time-consuming process of writing tender applications, where there is only one successful applicant.

Currently, different agencies have divergent foci. However, in order to allow agencies to better serve their clients, it was suggested that agencies also collaboratively develop and adopt overarching goals. Two possible areas were suggested. A coordinated approach to lobbying/social action would increase efficiency and could ultimately result in more influential campaigns. A coordinated approach between agencies and schools in terms of outreach services should also improve service coverage and effectiveness.

A more radical approach proposed by one interviewee to facilitate better cooperation and communication was to relocate related agencies to the one place. Professionals from different fields (such as social work, paediatrics and speech therapy), often serve the same clients and would be more likely to share relevant information (once confidentiality issues were resolved) if they were co-located. However, the downside of this would be the loss of local agencies close to their community. It was also suggested that some agencies that provide the same services should consider some form of consolidation. This would make the most use of the available resources whilst enabling neglected areas of concern to receive more attention.

The responsibility for addressing the social exclusion of children

There was broad consensus that responsibility for improving the effectiveness of combating child social exclusion does not rest on one institution or sector, but is a shared responsibility. Federal, state and local government, government bodies, schools, community agencies, parents and general citizens all have a responsibility to combat social exclusion.

Governments require the political resolve (and need to provide the accompanying funding) to make combating child social exclusion a priority. Some interviewees felt that governments can play a leadership role: they can work with community agencies to help them develop their capacities. The role of the Victorian Department of Human Services was stressed; it was suggested that they could better develop the capacities of community agencies by reducing bureaucracy. One agency felt that local government in recent years had played too limited a role in making Boroondara more socially inclusive. Another agency had a similar view but qualified it by saying that Boroondara Council are very responsive, considering their limited resources. Community organisations need to more effectively lobby governments to ensure that child social exclusion receives adequate attention, and that particularly excluded groups are targeted to receive additional support. Other interviewees stressed that although government leadership is required, community agencies, in consultation with the citizens of Boroondara, are better placed to provide many of the services and ascertain how child social exclusion can most effectively be combated.

In addition, a few agencies stressed that child social exclusion cannot be solved through government policy alone, but rather is largely a community issue. Work needs to be done at the grass-roots level by teachers, social workers and concerned citizens to promote an inclusive environment. Furthermore, the very organisations that are at the forefront of promoting greater inclusivity in others must ensure that their own services are approachable and relevant and contribute to empowering citizens.

Insights from focus group with mothers

About the focus group

A focus group was held with nine mothers who live in the Boroondara area. The ages of their children ranged from two to 20 years. The mothers all had some association with Camcare, such as having attended parent support groups, although they were not all acquainted with each other. All faced social exclusion, the commonality being low income. About half the mothers lived in public housing, about half were sole parents, and a couple had children with a disability. Two revealed that they were victims of domestic violence, one being fearful for her life at the time of the focus group. Two mothers had CALD backgrounds, one having limited English and without a friend/family support network. One mother had experienced a period of homelessness.

Although the researchers had set topics they wished to cover, the dynamic of the group was such that the women preferred to focus on issues most critical to them, thus allowing the researchers valuable insights into their reality. Some of the women revealed their frustration and stress about the barriers they faced while others, who had been able to overcome some of these barriers, were able to offer helpful ideas to the group. For example, one mother who had experienced a difficult marital separation and considerable financial hardship was now studying at a university. The women were very supportive while each one explained her situation. Some talked about services and resources that are available in Boroondara which might help other group members. One mother offered to regularly drive another to the closest halal butcher, which is in Clayton. A couple of the women were keen to meet again as a focus group, suggesting that being asked their opinion was an empowering experience.

Choosing to live in Boroondara

Several mothers had moved into the area from other suburbs in Melbourne: a couple mentioned they moved to be close to family and others who lived in public housing said that they applied to be transferred to Boroondara because they thought the area was better to raise children than the inner city or western suburbs. Making these choices

reflects the positive image that Boroondara has as an affluent, leafy suburb; however, from further responses outlined below it becomes evident that some of the mothers are disappointed about the quality of services in Boroondara.

Children's recreational resources

A couple of women reported that there were actually fewer services for children where they lived than they had had elsewhere and that the services which were present were less affordable. One woman said that there was 'not much for kids to do here, there was heaps more in South Melbourne'. Services that parents highlighted in this context were indoor recreational facilities. As a result, a few mothers said they were unable to afford a party for their children's birthdays. They would like to see subsidised indoor play centres. One mother mentioned she would like to be able to take her daughter to Brownies.

In regard to outdoor children's spaces there was some disagreement between the mothers. Some felt such spaces were adequate in the area, whilst others believed more play areas were needed. It became evident that the mothers lived in different parts of Boroondara, with facilities varying between locations. This underlines the fact that travelling even within the same municipality can be difficult for some mothers. One mother attended and assisted with a fortnightly barbecue organised by the Neighbourhood Renewal group.

Children with a disability were said to be particularly excluded from recreational activities. The view was expressed that addressing the social exclusion of children with disabilities is 'not taken seriously enough' in the area. One mother said she 'just wants her child to have a normal life'. She noted the difficulties of raising a child with a disability and would like more support. She needed both specialised services and alterations to existing services to make them more accessible.

Access to education

Lack of access to education is a major symptom of child social exclusion. A couple of the mothers said that despite their efforts they have been unable to enrol their children in preschool. The group confirmed that there is a one to two year waiting list for local preschools, necessitating the enrolment of a child soon after birth. In addition, some preschools have a 'sibling policy', where the younger siblings of children who have already attended the kindergarten receive preference. Thus, families newly arrived in the area have less chance to gain a kindergarten place for their children, who are effectively excluded from an important service. One mother mentioned that the alternative of child care was not available due to cost.

One mother reported that she found her child excluded from a local high school because she lived in a fringe area of the high school. Other mothers commented that 'good' public schools would not accept a child who lived on the fringe of its allocated area unless the child could 'make the school look good', for example through high academic marks. Often it is the children who are experiencing social exclusion who are also struggling at school; hence, compounding the disadvantage.

Social networks

Most of the mothers did not use neighbours to baby-sit their children, suggesting some may be isolated in their street. However, one mother spoke about how lucky she was with her neighbours. Those mothers who were members of a church congregation seemed to have strong social networks. One mother reported that she 'couldn't have survived without her church family'. Another spoke of the friends she had made in opportunity shops, especially one which also served coffee. Many said they would like more opportunities to mix with others, but some appeared to have little social interaction with other adults. There

are 'conversation groups' and 'friendship groups' which give parents a chance to meet with other parents, but some of these cost money. One mother said that she could not justify spending the money when she had other expenses.

Sport resources in Boroondara

The many opportunities for children to engage in sport in Boroondara was said to be a positive aspect not generally found in other areas. There are numerous sports facilities and clubs. One mother spoke of the enjoyment her daughter found in playing community netball; however, the cost prevented her other child playing. One mother spoke of choosing to live in a specific area in Boroondara because of the good resources available; but on the negative side she found it very difficult to rent a house, being a single mother with five children, both in terms of affordability and getting acceptance of her large family.

Awareness of services

Many of the mothers appeared to be unaware of some of existing services that could be useful to them. For example, one mother spoke about how schools can provide grants for books and uniforms. Those mothers unconnected with a church did not know that there were church-run playgroups where they could enrol their children. One mother also spoke about the possibility of using Family Day Care, the cost of which is subsidised for low-income families. Much of this was new and welcome information to some group members. The mother who was not fluent in English was especially uninformed of services. She particularly mentioned disappointment with the lack of children's books in her native language in the local library.

A thread that links many of the factors leading to child social exclusion and that was identified by the mothers as very important was a lack of information. The mothers said they were often unaware of various services they could use and resources they could draw on. They said they only found out about a particular service once it was too late to make use of it, such as when their children were no longer of playgroup age. Although a local Neighbourhood House was said to have a lot of information about community services and resources, some mothers said that the volunteers there are not very welcoming of mothers accompanied by young children. Hence, the mothers suggested that the distribution of information about community services and resources needs to be improved.

Discussion

The findings from the three information sources consulted in this study support those of the Stage One report: that there appears to be a considerable number of children experiencing aspects of social exclusion in Boroondara. Social exclusion is perceived by both the agencies and those experiencing exclusion to be an important issue in Boroondara. The survey, interview findings and focus group findings concur that there are numerous causes of social exclusion in Boroondara and that many people suffer from complex problems created by multiple forms of exclusion. The interviews and focus group drew particular attention to how this social exclusion manifests in ways not necessarily obvious to others in the community and how the behaviour of others may serve to perpetuate the exclusion.

Important causes of the social exclusion of children thought to be present by over half of the survey respondents were low income, mental health problems, sole parenthood or family breakdown, unemployment, substance abuse, isolation and family relationship problems. Family violence, housing problems, low educational attainment, disability, homelessness and ethnicity and settlement issues were thought to be present by over one-third of survey respondents. However, respondents noted that families known to them commonly experienced multiple problems. In this connection, it is relevant that families with more complex needs in the UK have been found to be the most difficult to move out of poverty through government policy (Nelson & Whalen 2006). Anecdotal evidence suggests that a similar situation exists in Australia, with social agencies being the last resort for many families with multiple unmet needs.

The interview respondents expressed concerns about the failure of governments to recognise social exclusion in Boroondara, as well as about particular new federal policies. Again, they highlighted the role of prejudice, particularly in relation to schooling. This issue was particularly raised by the focus group participants and in the school interview, and is confirmed in the literature which includes opinions from children themselves (Ridge 2002).

While many survey respondents felt some issues relating to social exclusion, such as recreation and physical health, were well provided for in Boroondara, many believed other issues were handled less well. Although there were felt to be numerous housing problems in Boroondara, this issue was not believed to be well addressed. Although personal support and counselling were high among agency priorities, there was considerable concern about the inability of agencies to meet the demand. This shortfall in capacity was particularly felt by the general welfare agencies rather than the specialist services. Indeed the general welfare agencies experienced strong pressure to meet complex needs and had to adopt strategies to prioritise services and provide 'stop-gap' measures. Concern was also expressed about the need to improve violence management services. While said to be important in leading to social exclusion, unemployment issues were rarely addressed by the agencies. The interview respondents often talked about the need for more resources. Particular concern was expressed about the requirement to continually seek funding, with the related planning uncertainty and drain on agency resources.

In summary, most of the services provided by the agencies are directed at the personal level, addressing symptoms (by providing family support or counselling services) rather than structural causes of social exclusion (such as unemployment or lack of accommodation). Addressing structural and social disadvantage as a means of addressing child poverty should be given high priority, as solely relying on personal intervention will not resolve the problem (Liddell et al., 2006). The interview respondents spoke at length about the need to better engage with the community and involve community members in task of intervening and finding solutions.

The need for better communication between agencies and with agencies and service users came out strongly from both the interviews and the focus group participants. While agencies already give attention to coordination, particularly around referrals, there was seen to be a need to improve collaboration in general. The discussion with schools revealed that they particularly felt excluded from the communication process and service users felt that much needed to be done to provide accessible information. Many respondents appeared unaware of what was happening in other areas/agencies in relation to the social exclusion of children. This is reflected in their difficulty in answering the question which asked them to rate how well various issues were being dealt with in Boroondara as a whole. The lack of record keeping (by two-thirds of the respondents) on unmet need would not have assisted.

A small group of agencies appeared to be more isolated and less linked with other agencies, as well as able to offer fewer opinions about strategic aspects of the social exclusion of children in Boroondara. This group tended to be for-profit agencies and those with a specific focus, but also included a few general welfare agencies. The interviews highlighted the fact that most believed improved collaboration between agencies was needed.

The researchers believe, and some interviewees noted, that the responsibility to meet the needs of socially excluded children in Boroondara should not fall on community agencies alone. Responsibility should be taken by the various levels of government, especially the state government which funds many of the services provided by the agencies, but at present largely takes an ad hoc approach. In other words, the tactical structure of service provision needs considerable strategic planning at the state level:

> There are continuing severe problems with communication and joint activity across government department and between governments and the service sector in relation to child protection (Liddell et al. 2006, p.50).

In addition to wanting to expand their own services, agencies acknowledge that larger scale community involvement and government initiative is needed to really tackle the issues. Commencing in April 2007, DHS is planning the roll-out of a coordinated model of service delivery (DHS 2006). Other features are planned with this structural change, such as a centralised intake, assessment and referral system. Thus three of the four central tenets from the UK approach are proposed in Victoria: looking at the whole needs of the child, coordination and single point of entry.

While such an initiative is to be applauded, there are many unanswered questions, especially how much of this will be operationalised. Additional resources have been allocated to manage a coordinated approach yet such an approach has been found both to have long lead-up times and to be resource-intensive (Hydon et al. 2005). DHS is making significant effort to consult with community agencies to provide input into procedures and policy development. It is worth noting, however, that many of the 'new' principles, such as 'The best interest of the child must always be paramount' (DHS 2006, p.28), have been part of NGO practice for a long time.

Some agencies noted that as well as tangible initiatives, some non-tangible conditions, such as inducing an atmosphere of hope and optimism, are very important to addressing child social exclusion. Such an atmosphere can only develop through personal contact and interaction based on mutual trust and help among the people in the community. Thus, the research findings support Saunders (2005) when he says that 'everyone' in a community is responsible for addressing social exclusion. The task to involve the community may not be easy in the light of a survey of community attitudes to child abuse (which is closely associated with social exclusion), which found that community

recognition of child abuse is very low (Liddell et al. 2006). This issue may be particularly difficult in Boroondara where there is often a perception of uniform well-being.

It is recognised that Boroondara has pockets of place-based disadvantage, as evidenced by the presence of a Neighbourhood Renewal project operating partly in Boroondara and partly a neighbouring municipality. While there may be small concentrations, disadvantage is also scattered through Boroondara. Affluence in Boroondara may further compound disadvantage by reinforcing the notion of difference:

> The visibility of an individual's situation … and the attitudes of the community itself can intensify an individual's sense of exclusion from the community and have implications for the delivery of services … (Rural Poverty and Inclusion Working Group 2001, p. 2).

While the presence of people with many resources can create local opportunities, these will only arise when people are aware of the social exclusion that is in their midst.

Conclusions and recommendations

The literature and research findings suggest that it may be of benefit for agencies in Boroondara to explore a more coordinated approach of working together, based on a community strengthening and community engagement model. Such an approach would combine people-based strategies, which focus on helping individuals through services such as counselling and training (building human capital), with place-based strategies, which focus more on neighbourhood infrastructure (building social and environmental capital).

1. A key component of this model would be outcome-based collaborations between agencies, formed in the knowledge that complex problems with linked needs require linked solutions. Such collaboration would facilitate advocacy for services to fill gaps, reduce competition for funding and provide an improved planning basis for agency work. It could also work towards improvements in the tactical (service delivery) side of welfare services in Victoria as well as increase the opportunities for non-government agencies to feed into the policy making process.

While the DHS intends to introduce structural changes to the delivery system in Victoria, it is unclear how this will impact on Boroondara. While a few agencies in Boroondara do receive some state government funding, it will still be another twelve months before a DHS Innovations program is implemented in the Inner East. The Inner East is only just beginning to develop a Model of Service Reform and the implementation of registration standards for Community Service Organisations will take place hopefully within the next twelve months.

Recommendation: That a working group be established to explore opportunities for greater collaborative work and set in place goals, processes, targets, benchmarks and time-lines towards achievement of goals. This will place Boroondara in a strong position to respond to the DHS-led coordination strategies.

2. A second key component is engaging with the community, both to better understand the issues where needs are not being met, and to reduce the barriers between service providers and people they seek to assist, thus empowering the latter. Coordinated provision of information (such as through a clearinghouse type function) between agencies including schools, and between agencies and service users would seem to be of particular value to all parties. Information could relate to

welfare rights and provisions and local services, as well as a secure section for case-management.

Recommendation: That a working group be established to explore options to improve the provision of information about available services in Boroondara. Including schools in such a process should be a priority for any proposed system.

3. The study identified a few specific program areas which would help to reduce social exclusion, but appear to require increased services within Boroondara, and could be placed on the agenda of a coordinated, community strengthening approach. A role for agencies may be in developing 'intermediate labour markets' which place participants in short-term jobs to gain employment experience and skills while receiving close supervision and intensive case management in a structured work environment. Possible funding sources could be Workforce Participation Partnerships from the Department for Victorian Communities and Job Seeker Accounts from the federal Department of Employment and Workplace Relations. A number of other service gaps were identified, which should also be progressively addressed in Boroondara.

Recommendation: That attention be given to improve services to unemployed people in Boroondara. Other service gaps, such as in the areas of family violence and mental health problems, should also be reviewed and a process set in place to fund and establish services.

4. There is scope for more programs which aim to improve the skills of parents on how to relate to their children and advance their children's interests. There are currently few options in Boroondara for parents to further develop their parenting skills: a six-week program at Kew Secondary College called 'Living with teenagers' is one exception. Parent education programs can focus on areas such as developing children's literacy, dealing with child behaviour problems, managing the adolescent years and trying to get children to listen. The Victorian-based Parenting Research Centre is a good source of information and advice and a possible partner for parenting programs.

Recommendation: That the potential for increased assistance with parenting be explored.

5. Measures to reduce the barriers to kindergarten attendance could be considered. These would include information for parents on the value of kindergarten, as well as the time and place of classes nearest to their home. How to overcome the major obstacle of cost needs to be explored. The importance of making the neighbourhood and particularly schools more inclusive places was revealed in this report and highlighted in previous research as an issue which should be of 'fundamental concern' (Ridge 2006, p.29). Indeed there is a need for more services for school-aged children in Boroondara.

Recommendation: That a community-led exploration of measure to address barriers to kindergarten attendance be established, as well as further exploration of gaps in services for school-aged children and their families.

Shaping the future

There is an opportunity to shape the future to address child poverty in Boroondara. This would encompass issues such as ensuring long-term financial viability of agencies; strategic, coordinated planning; and 'models of community and client participation that link service development with processes for community capacity-building' as well as a communications and key-information strategy' (CAFWAA n.d., p. 49).

As the next step in the development of the project Social Exclusion in Boroondara, a community discussion has been organised. This will begin to shape the themes and approaches that should be addressed by the Boroondara community in endeavouring to positively resolve some of the present limitations faced by some children in Boroondara. Some relevant questions for discussion are:

1. How should a local community try to create a harmonious, law-abiding, and responsible community where opportunity, human capital, mutuality, cooperation, and happiness develop and flourish? To what extent should leading citizens, business, professional organisations, and teaching establishments become involved in providing opportunities for local disadvantaged children? What should be the strategies for moving forward?
2. What is the responsibility of levels of government in preventing and addressing social exclusion which involves children and young people? How should action be assured?
3. How should our local community ensure the structures for facilitating cooperation and coordination appropriate for preventing and alleviating the social exclusion of children here are in place and working? What are these structures?
4. What four key issues contributing to social exclusion of children and young persons on the ground in Boroondara should be addressed initially, and what strategies should be implemented in dealing with these?

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Agencies that were surveyed and/or interviewed

Twenty-seven agencies which are located (or offer a service) in Boroondara were either surveyed, interviewed or both. Most were non-government not-for-profit community organisations, although many had various links with local and state government. Although there is some overlap between agencies in the services they offer, each has a different experience of child social exclusion and has its own approach in addressing it.

Non-government and not-for-profit general welfare agencies

Services offered by these agencies include:
- counselling—individual, youth, family, relationships
- information and referral
- parenting and family support
- financial counselling
- tax help
- emergency relief
- advocacy for individuals and the community
- legal advice
- social forums for isolated individuals
- outreach
- social therapy through participation in creative arts
- playgroups and childcare
- accommodation for homeless people.

The agencies consulted which operate a selection of the above services were:
- Camcare
- Connections Youth Child and Family Services
- Craig Family Centre
- The Salvation Army (Camberwell Community Care)
- The Salvation Army (Hawthorn East Care)
- Uniting Care Community Options
- Wesley Mission Melbourne

Non-government and not-for-profit specialist welfare agencies

These agencies specialise in one or two of these services:
- food assistance
- material aid
- youth groups
- support children of family of disabled youth
- outreach for stressed families
- relationship education and family violence prevention counselling
- drop-in service with child care and playgroup
- accommodation
- migrant and refugee services, such as English classes

The agencies consulted are:
- Boroondara Young People's Resource Centre
- St Matthews Anglican Church Ashburton
- Family Access Network
- Rotary International Boroondara Family Network Inc.
- Interchange Inner East Association Inc.
- Relationships Australia (Victoria) (RAV)
- Migrant Information Centre Eastern Melbourne
- Canterbury Neighbourhood Centre
- Anglicare Eastern Youth Services

Specialist health agencies

Services offered by the specialist health agencies include:
- prevention and treatment of behavioural and emotional problems of children
- prevention and treatment of emotional distress arising from severe traumas
- telephone support and information
- therapy
- on-line discussion boards

The agencies consulted were:
- Cairnmillar Institute
- Anxiety Disorder Association Vic
- Austin Child and Adolescent Mental Health Service, Heidelberg.

Maternal and child health services (MCH)

The maternal and child health service is a free service for all Victorian families with children aged 0–6 years, funded by state and local governments. Health is interpreted broadly to include mental health and general well-being. An MCH registered nurse visits all new babies in a particular centre's catchment area. A health assessment is conducted and then a holistic approach is applied to addressing needs. The service offers support, information and advice regarding:
- parenting
- child health and development
- child behaviour
- maternal health and well-being
- child safety
- immunisation
- breastfeeding
- nutrition and family planning
- family functioning.

Agencies consulted were:
- Ashburton Maternal And Child Health Centre
- Auburn Maternal And Child Health Centre
- South Camberwell Maternal And Child Health Centre
- Canterbury Maternal And Child Health Centre

Neighbourhood Renewal Ashburton

Neighbourhood Renewal is a Victorian Government initiative that aims to enhance the most disadvantaged neighbourhoods in Victoria. One of the sites encompasses parts of Ashwood, Chadstone, and Ashburton—Ashburton being a locality with about 20% government housing in the municipality of Boroondara. Neighbourhood Renewal operates on a place-based approach which seeks to foster partnerships, better coordinate services and promote community capacity. To this end, residents' groups have been formed to promote positive change in areas such as employment and learning and crime and safety.

Centrelink

Centrelink is a federal government agency which acts as an outlet for a range of services, mainly related to the distribution of social security payments. Other services include referral to community services, especially employment agencies; the opportunity to consult with disability officers; and facilitating opportunities for volunteering as a pathway to employment. Boroondara Centrelink employs two social workers who offer a support, advice and referral service. Centrelink does not directly deal with children.

Schools

Informal discussion was held with five representatives from local primary and secondary schools. The group included senior teaching staff and a welfare officer. Two of the schools employ a welfare officer, while the principal or vice-principal takes on the welfare responsibilities in schools without welfare officers. In addition, the schools undertake programs of a preventative nature, in relation to issues such bullying, drugs and alcohol.