

update

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Addressing early intervention
gaps in the ACT

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Addressing early intervention gaps in the ACT

By Susan Helyar, Director, ACT Council of Social Service Inc. (ACTCOSS)

This journal brings together a varied mix of perspectives on the gaps in early intervention services available to people living in the ACT.

We hear about gaps early in life (in parenting support and access to diverse therapies for children with disability) and for specific groups (women with disability exposed to violence in their homes).

We also have included an article that outlines the policy gaps created by not implementing 'Health in All Policies' approach to reducing the risk of harm from alcohol, tobacco and other drugs.

One author considers how we as a community could use no interest loans, as a supplement to formally funded programs, to increase access to early intervention to improve education attainment.

This journal demonstrates the diversity of early intervention approaches being explored and advocated by ACTCOSS members.

The themes in this journal are consistent with the concerns and work of ACTCOSS members over the past decade: more investment in community designed and led

programs; security of funding for early intervention and prevention; the need to prioritise models of care that strengthen protective factors and divert people away from risks and adverse circumstances; improved consistency of practice when working with children and young people; and the importance of voices of lived experience guiding priorities and investment.

The prevailing mood in community sector debates is one of pessimism that prevention and early intervention are valued and properly understood.

The ACT Government has indicated they intend to reorient funding and service models to focus on prevention and early intervention as program funding comes up for renewal and when new funding is allocated.

ACTCOSS looks forward to community leaders shaping funding priorities and service models.

ACTCOSS expects that Aboriginal and/or Torres Strait Islander community controlled organisations will lead decisions on prevention and early intervention with their communities.

ACTCOSS newflash

The ACTCOSS AGM will be on Tuesday 21 November 2017, 5pm-7pm. We have emailed members, calling for Committee nominations. Nominations close 5pm, 24 October. Please contact us if you'd like more information.

www.actcoss.org.au

Addressing early intervention gaps for parents in the ACT

By Camilla Rowland, CEO, Marymead, & Dr Joan Garvan, researcher & advocate for maternal health & wellbeing

There is a demonstrated need for responsive and holistic early intervention parent support services in the ACT. There are concerning gaps in the ACT community services system for families and children including:

- no funded parenting telephone support service
- no holistic flexible and responsive face-to-face mentoring early intervention and prevention parent support service for parents of 0-4 year olds.

There is the need for prevention and early intervention services that support vulnerable families who are at risk of entering the care and protection system. This includes services that reach vulnerable families, for example: new parents with complex needs; families who are socially isolated and at risk of entering the care and protection system; and families from non-English speaking backgrounds and Aboriginal and Torres Strait Islander backgrounds. Further, there is also significant evidence demonstrating that early years services are successful in reducing the prevalence of domestic violence by breaking down isolation and linking families to support networks. As a result of the Royal Commission into Family Violence¹ the Victorian State Government has allocated increased resources to early years services. Among the submissions to the inquiry, the La Trobe Violence Against Women Network (LAVAWN)² drew attention to the lack of research on domestic violence and in particular within diverse family forms according to ethnicity, disability and sexual orientation. They found good evidence for peer support programs that included mentors, both professional and non-professional.

Anecdotally, the gaps above are associated with a reduction in funding for early childhood, parent and family support services in the ACT. It seems likely that the reduction in funding to services such as the Child and Family Centre programs is impacting in a serious and measurable way on outcomes for local children and families. Australian Early Development Census (AEDC)³ child wellbeing data, collected in the child's first year of school, indicates that although the ACT continues to track above the national average, there has been a decline in child outcomes in the ACT since

2012. The 2015 survey showed that more children were identified as developmentally vulnerable on 'one or more' and on 'two or more' domains since 2012 (overall and across four of the five indicators). Resilience and wellbeing of children in these first years has not improved over the last three years. This data clearly points to the need for a holistic early intervention service for parents. Furthermore, evidence exists locally of a strong demand for a telephone counselling service to support these families.

The *ACT Step Up for Our Kids Out of Home Care Strategy* recently addressed the need to work with families 'in risk' who are in the care system. The *Strengthening High Risk Families* element of the Strategy directly seeks to support families with complex vulnerabilities to meet the needs of their children. There is a gap, however, in early intervention programs targeted earlier in the life of the problem that support parents to meet the needs of their children and remain out of the care system.

New parents have access to post-natal supports in the ACT through the Maternal and Child Health Nursing Services. These services, however, are not able to provide holistic parent support programs to meet the gaps identified above. They also lack the time and resources to cater for families with complex needs, the focus is on support and advice in relation to child health, and there is limited capacity for home visiting. Related to this, the Women's Centre for Health Matters report *Women and Maternal Care in the ACT*⁴ recommends an improved home visiting scheme for new mothers, and systems to better meet the needs of new parents.

The *Better Systems, Better Chances* (2015) report of the Australian Research Alliance on Children and Youth states that:

Effective prevention and early intervention is possibly the most promising strategy for changing the trajectories of children. There is clear evidence that children's life chances are influenced by their families and communities and that they are able to be changed for the

better. Improving the wellbeing of children, young people and families at population-level requires flexible and responsive systems that are equipped to deliver preventive interventions and respond effectively early to emerging issues and challenges. There is a strong and growing evidence-base that supports the effectiveness of many prevention and early intervention programs and approaches, and consistent evidence about the features of service systems that contribute to poorer outcomes.⁵

A key finding of a University of NSW report *Families at the Centre*⁶ is a need for flexible, responsive services that have wide horizons and are not narrowly focused on the education and care of children. Holistic, integrated or wrap around services offer much broader resources than stand-alone care and education programs. The study found that these services are a close match to the needs expressed by many of the most disadvantaged families.

According to Families ACT's *Parenting Programs in the ACT*⁷, parenting support deficits exist for families on the Southside of Canberra in Woden Valley and Weston Creek. As part of this report, service providers also suggested that greater investment needs to be made in providing support to parents from culturally and linguistically diverse backgrounds; Aboriginal families, and young parents aged 14 to 25 years.

Marymead is seeking funding to establish **Parent Advice Information and Resources (PAIRup) ACT**. We propose to implement cost-effective measures to support families and children to reverse negative trends in early childhood wellbeing indicators.

PAIRup targets families experiencing stress, in need of immediate support, by providing strategies and information. The program also targets families at risk of family breakdown or entering the care and protection system, with a focus on new parents with children 0-4 years. Through PAIRup, children, young people and families will have access to immediate support, counselling and linkage to appropriate local services. New families, including those with complex needs, will also have access to a home visiting mentoring service.

Marymead: www.marymead.org.au

Dr Joan Garvan: garvanjoan@gmail.com
www.maternalhealthandwellbeing.com

See page 11 for footnotes.



Parentline is a confidential telephone and face-to-face counselling service for parents and carers and the community in Canberra and the surrounding regions.

Parentline has been providing parenting advice and support for over 35 years in the Canberra community.

Calls are answered by trained counsellors who offer support, information and referrals.

Parentline can be accessed by any member of the community who is involved with bringing up children or young people.

Appointments and referrals can also be made for free face-to-face counselling for parents and carers.

Parentline can be contacted on

6287 3833

Monday to Friday 9.00am to 5.00pm.

www.parentlineact.org.au

Supporting parents to give children a good start

By Kevin Cox, ACTCOSS Associate Member

There is overwhelming evidence that a parent's educational background, life experiences, and income, determine if a child performs to their full potential in their first year of school.¹ Once a child drops behind their potential, they more often than not stay behind.² Giving children a good start and continuing to encourage them throughout their school life is critical. Some parents, through their economic circumstances and their life experiences, need assistance and help to help their children.

It is not the fault of the parents, and it is certainly not the fault of the children that a child's potential is so often unrealised.

Society as a whole needs to spend more money and attention on children whose parents are unable to provide the support their children need. The schools have a part to play, and the Gonski recommendations are good, but it leaves out the parents. Targeting some parents with funds and training to help them help their children is likely to bring significant benefits at low cost. However, it is supplementary to Gonski and not an alternative.

To be a supplement to Gonski, we need to provide money and training for some parents outside the Gonski formula. We have to do it in a cost effective way, and we have to have a long-term method of keeping track of outcomes to monitor and adjust the approach.



Participation has to be voluntary, and it should bring no extra costs to parents. Parents should opt in to the program, and those parents who need the most help should have priority.

Society must account for the funds spent with the parents, and be able to monitor the effectiveness of the expenditure. To do this, we can set up an accounting system to keep track of the spending on each child. In much the same way that we have a record of immunisation, so we can have a record of the money spent on each child.

The money can be in the form of a no interest loan 'repaid' from future taxes of children and parents. The repayments are not an extra tax on parents or children because the loan is an advance on any future taxes. Because it is a loan, it does not impact the bottom line of government accounts.

For comparison and monitoring, society can compare the

expenditure and taxes of other children of parents who do not volunteer or who were too old to be part of the program.

With modern technology, we can set up such systems for low cost, and they can operate in a way that does not impact existing systems of payments or welfare. We can work it as self-standing, independent and accountable system.

Because it is voluntary and not a right, we can start with a few children, a few parents, and a few schools for a low-cost trial. If it works as expected, it will reduce the Gonski costs for schools with participating parents, and it will increase the value of students to society. The approach is likely to show a positive return on investment.

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See page 11 for footnotes.

Supporting women with disability experiencing violence in the home

Co-written by Caro Roach, CEO, Women With Disabilities ACT, & Sue Salthouse, Chair, Women With Disabilities ACT

In the ACT women with disability comprise an estimated 10% of the population of women requiring a domestic violence crisis response.¹ However, these numbers are underreported and the degree of crisis when reporting is high. In addition to the impacts experienced by women living with domestic violence, safety in the home for women with disabilities will be influenced by mobility, equipment and support needs. Women with disabilities who use assistive equipment and whose homes are adapted to meet their needs have limited options when seeking a pathway to safety.

The Domestic Violence Crisis Service can place women in short term accessible crisis accommodation, but this fact is not well known by women with disabilities themselves. A crucial barrier is that many women feel trapped if their partner or family member inflicting violence is also the person providing their personal supports. Replacing these hours of support will require an emergency amendment to an NDIS Plan. Individualised funding means that service providers who could previously have met the extra support hours from their block funding, no longer have that buffer.

Beyond crisis, there is a lack of public housing. Even though all new ACT public housing is built to a minimum standard of accessibility, with 10% being classed as fully accessible, overall numbers are still insufficient. In the private sector accessible and affordable housing is very limited.^{2,3} According to Anglicare's *Rental Affordability Snapshot*:

It is also important to emphasise the rental affordability crisis faced by people living on the Disability Support Pension (DSP). On the Snapshot weekend only 586 or 0.9% of properties Australia-wide are affordable for people living on the DSP. There were no affordable properties in Sydney, Brisbane or Darwin; only 2 in Canberra and Hobart, 4 in Adelaide and 5 in Melbourne and Perth. Of course, for a person on the DSP the Snapshot only tells half the story, as each recipient will have specific requirements for accessibility. And home modification and

universal design simply don't figure in the vast majority of affordable rentals.⁴

With the current systemic challenges faced by domestic violence support services, housing services and the rapidly changing structures behind NDIS service delivery, the need to develop a long term, embedded solution supporting co-design and cross sector collaboration is paramount. Integrating mechanisms for early intervention is critical to the development of domestic violence crisis response service provision for women with disability. There is an opportunity in this time of change and increasing public awareness about domestic violence to address this gap.

Key early interventions include raising awareness and building capacity in the mainstream service system about how to respond, NDIS quick turnaround plan reviews, capacity to provide alternate long term housing solutions, raising awareness in the community about where to go for advice, increasing training for disability workers and the domestic violence workforce, and increasing data and research targets for the ACT. Reducing isolation for women with disability and ensuring women with disability receive the information they need are ongoing priorities to successfully support women with disability experiencing violence in the home.

Women With Disabilities ACT:

www.wchm.org.au/women-disabilities-act-wwdact

See page 11 for footnotes.



Women With Disabilities ACT
WWDACT

Early intervention gaps in the NDIS

By Libby Steeper, Friends of Brain Injured Children ACT

Friends of Brain Injured Children has been part of the early intervention picture for ACT region children with brain injury for almost thirty years. The organisation encourages early, frequent and intensive therapy for children with brain injury. The neuroplasticity of the child's brain is greatest in the first eight years and the benefits of therapy are highest in this period. It is vitally important for a child's future to make the most of this window of opportunity.

A major problem with the NDIS is the narrow approach to therapy it encourages. There is a danger that the limited therapies funded by NDIS could be accepted as an adequate regime for a child with brain injury. Many studies have found that people are satisfied with the therapy options they have been offered, even when sub-optimal. If they are not provided with information about wider options, they settle confidently on what they are offered.

There is a serious information gap in the NDIS system about the importance of therapy to reduce disability. The NDIS does not give information or funding for therapies other than physiotherapy, speech therapy and occupational therapy. We see a risk that families with a child with brain injury will believe this

is optimum care and therefore do not seek the wider range and intensity of therapy their children need to reduce disability.

Friends of Brain Injured Children offers information about a wide range of beneficial therapies and qualified therapists, which have proved safe and effective when added to more medically oriented services. Therapies we put forward include Conductive Education, specialised massage, chiropractic, careful nutrition, osteopathy, Bowen therapy, hydrotherapy, biomedicine and hippotherapy. We also encourage parents to use simple therapeutic opportunities during the normal day to increase the level of therapeutic activity. We believe it is important for parents to be able to find and use a range of therapies for their children.

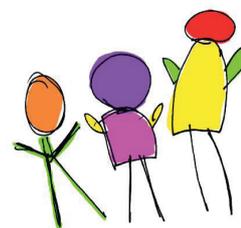
A lesser problem is the excessive time required for administration of a child's NDIS plan, which takes valuable caring and therapy time from parents. Although member families appreciate the benefits they receive from the NDIS, many find the system difficult to contact and deal with, adding to their already high stress levels.

A more general problem is that of funding for support organisations. The NDIS has soaked up most ACT Government funding. Government funding for support

organisations is no longer available and philanthropic grants are difficult to achieve.

As the NDIS limits its assistance to severe and permanent disabilities, many people are not eligible. These people have more need than ever for the support and assistance provided by community organisations. However, funding is difficult to raise, as there is a widespread belief that the NDIS provides for all needs. Although grants can be obtained for a particular project, sustainable program money and essential management costs are rarely available. Small non-profit groups such as ours have little capacity to run their own money raising business. There is strong community concern that the community may well lose the experience, support and knowledge of important groups. This would cause a big gap in early intervention and keeping people well.

Friends of Brain Injured Children:
www.fbic.org.au



Friends of Brain Injured Children

Implementing 'Health in All Policies' to prevent alcohol, tobacco & other drug-related harms

By Alcohol Tobacco and Other Drug Association ACT (ATODA)

ATODA has long believed that the area of prevention has received insufficient attention in policy on alcohol, tobacco and other drugs (ATOD) in the ACT and nationally.

In the ATOD field there is a strong evidence base for the efficacy, effectiveness and cost-effectiveness of treatment and harm reduction interventions; and there is the presence of a skilled specialist ATOD treatment and harm reduction workforce. Conversely, in ATOD-related *prevention*, these factors (evidence, interventions, workforce, etc.) are either absent or not yet well developed. However, that doesn't mean we shouldn't act in the prevention space, we just need to act thoughtfully and to consider what may have the biggest impact.

Fortunately, we do know that taking a social determinants approach and implementing 'Health in All Policies' can prevent and reduce ATOD-related harms and create a stronger context for the effective delivery of early interventions.

Approach: Social determinants & multi-sectoral action

Addressing the social determinants of ATOD-related harms involves changes and action at many levels, as researchers at the USA's National Drug Abuse Research Centre have written:

A variety of factors contribute to drug use and other problem outcomes, both individual and environmental. While drug prevention¹ and treatment have traditionally focused on changing individual behaviours, such efforts can have only limited impact when changes are not made to the environment, that is, to the social determinants of drug use. These include the social and cultural environment, the economic environment and the physical environment.²

Professor Sharon Friel from the ANU has stated, in a paper for the former Australian National Preventative Health Taskforce, that:

A policy framework based on a social determinants approach to health and health

equity through the prevention of alcohol and tobacco related harm requires three key elements:

- i. revise the policy framework to make it less individualistic and to better accommodate the value of collective and community through a stewardship model of government,
- ii. rebalance the current policy focus on targeted marginalised groups towards a focus on systems and processes and the degree to which they are socially inclusive, and
- iii. systematic consideration of the health effects (especially in relation to ... harmful alcohol consumption and tobacco use) of all government policy, systems and processes on all population groups (p. iii).³

With respect to addressing the underlying causes of ATOD-related harms – an approach sometimes characterised as addressing 'the causes of the causes' – Friel highlights two categories of structural determinants. She defines the first category as the impact of people's daily living conditions on ATOD-related harms:

...the nature of, and inequity in, the physical and social experiences in early life; access to and quality of education, particularly that of females; the nature of urbanisation - how cities are planned and designed plus the livability of rural locations; transport options; distribution mechanisms and consumer price of food, alcohol and tobacco; exposure to marketing of energy-dense nutrient-poor foods, alcohol and tobacco; the financial, psychosocial and physical conditions of working life, and the degree of social protection provided.⁴

Friel then outlines power, money and resources in the second category of structural determinants: 'That means dealing with matters of governance; national economic priorities; trade arrangements; market deregulation and foreign direct investment; fiscal policy, and the degree to which policies, systems and processes are inclusionary'⁵

Implementing: 'Health in All Policies'

The Adelaide Statement Health in All Policies 2010 provides additional guidance for dealing with social determinants by considering health and wellbeing as central to all areas of policy development:

The Adelaide Statement on Health in All Policies is to engage leaders and policy-makers at all levels of government—local, regional, national and international. It emphasizes that government objectives are best achieved when all sectors include health and well-being as a key component of policy development. This is because the causes of health and well-being lie outside the health sector and are socially and economically formed. Although many sectors already contribute to better health, significant gaps still exist.

The Adelaide Statement outlines the need for a new social contract between all sectors to advance human development, sustainability and equity, as well as to improve health outcomes. This requires a new form of governance where there is joined-up leadership within governments, across all sectors and between levels of government. The Statement highlights the contribution of the health sector in resolving complex problems across government.⁶

As recommended by the World Health Organisation, the 'Health in All Policies' approach was famously embraced by the South Australian Government from 2007⁷ – with the ACT yet to follow.

Too often ACT agencies (outside of the narrowly defined health sector) have policies and

implementation modalities that create and/or exacerbate ATOD-related harms – the antithesis of 'Health in All Policies'. Examples of two prominent ACT ATOD-related policies where the health impacts have been inadequately considered are:

1. The heavy-handed policing of drug consumers causing people to consume their drugs in a harmful manner, without achieving the stated goals of reducing illicit drug availability.⁸
2. The ACT Government's unwillingness to implement evidence-informed approaches to preventing alcohol-related violence, including through reducing liquor trading hours.

Implementing 'Health in All Policies' in the ACT means that we can advance our shared goals of equity, improved health outcomes and preventing ATOD-related harms.

ATODA calls on the ACT Government to implement a 'Health in All Policies' approach as recommended by the World Health Organisation.

For further information, please contact Carrie Fowlie, CEO on carrie@atoda.org.au or visit www.atoda.org.au

See page 11 for footnotes.



ACTCOSS Member Forum with ACT Treasury on the ACT Budget Submission Process

When: Tuesday 10 October 2017,
4pm-5pm

Where: ACTCOSS meeting room,
1/6 Gritten St, Weston

RSVP: <https://goo.gl/msrWBo>

Find out more about making a submission: www.yoursay.act.gov.au/2018-19-budget-consultation

The community consultation process for the 2018-19 ACT Budget process is open until 24 October 2017. On 10 October ACTCOSS is hosting a member forum with Mr Stephen Miners, the ACT A/g Under Treasurer. The session will:

- outline the Budget consultation process
- discuss how the government structures its budget preparation arrangements
- consider how best to engage with ACT Government directorates during the process
- provide an opportunity to ask questions about the process or lodging a submission.

7th SNAICC National Conference Communiqué

14 September 2017

The 7th SNAICC National Conference brought together over 1100 delegates from across the country who shared and reaffirmed their commitment to improving the lives of Aboriginal and Torres Strait Islander children. Delegates called for urgent action to ensure our children grow up safe, healthy and strong in their families and communities.

Delegates at the conference made the following calls to action:

That all governments fully implement the recommendations of the Bringing Them Home Report in this, the 20th anniversary year of the tabling of the report. A national dialogue is needed on creating sustainable structures to monitor the implementation of recommendations from this and other systemic inquiries into Aboriginal and Torres Strait Islander disadvantage, and must centrally include members of the Stolen Generations.

That all governments mark the tenth anniversary of the United Nations Declaration of the Rights of Indigenous Peoples by committing to the principles of self-determination and demonstrating that commitment through the Redfern Statement Alliance process.

That through COAG all governments agree on a coordinated strategy, co-designed with the relevant national and jurisdictional peaks and Aboriginal and Torres Strait Islander child and family welfare organisations, to eliminate the over-representation of Aboriginal and Torres Strait Islander children in out-of-home care by 2040.

That the elimination of the over-representation of Aboriginal and Torres Strait Islander children in out-of-home care be identified as a specific new national target through the refresh of the Closing the Gap Agenda.

That learning from the experience of the United States, all Australian governments come together to regulate national minimum standards for the care and protection of Aboriginal and Torres Strait Islander children through national legislation or consistent state and territory legislation, including:

- Requirements to demonstrate that “active efforts” to support families to stay together and to reunify have been taken in any proceedings seeking child protection orders or the termination of parental rights; and
- National standards for the implementation of each of the five holistic elements of the Aboriginal and Torres Strait Islander Child Placement Principle.

That all jurisdictions commit to an increased investment in targeted Aboriginal and Torres Strait Islander community-controlled early intervention, family preservation and family reunification services. In particular, we note the importance of justice reinvestment and also the recent announcement of Community Services Ministers in their August 2017 Communiqué of new joint investment in intensive family support services and call for these and other prevention supports to be delivered through community-controlled organisations.

That the Federal Government recognises the unique role of, and provide sustainable funding for, a dedicated Aboriginal and Torres Strait Islander community-controlled early years sector. This must include supporting and growing existing Aboriginal Children and Family Centres, Multifunctional Aboriginal Children’s Services and other critical early years supports, as well as developing new community-controlled services to address the gap in service access for our children.

That a new target and accompanying strategy is identified to address the 15,000 place gap in early childhood education and care service participation for Aboriginal and Torres Strait Islander children through the Closing the Gap refresh.

That all jurisdictions recognise that the key to stability for Aboriginal and Torres Strait Islander children is growing up in culture and community. Rather than pursuing legal permanent care orders, jurisdictions focus their efforts on improving compliance with the Aboriginal and Torres Strait Islander Child Placement Principle, supporting families and building connections for children to their kin and culture to ensure children’s emotional, physical and cultural safety and stability.

That all governments commit to involve Aboriginal and Torres Strait Islander families and communities in decisions about the care and protection of their children as early as possible by enabling family-led decision making processes – led by independent community-controlled agencies – before decisions are made about child removal or placement.

That an Aboriginal and Torres Strait Islander Commissioner for our children is established in every Australian jurisdiction with powers to undertake own motion inquiries and hold governments and service sectors accountable to their obligations to secure the rights of Aboriginal and Torres Strait Islander children.

Find out more: www.snaicc.org.au

Learning & development calendar

Training / Forum	Date / Time	Cost: Member / Non-member / Corp. or Govt.
Reconciliation		
Reconciliation Peer Network Meeting Facilitated by ACTCOSS	28 Sep 2017 10am-11.30am	Free
Aboriginal Cultural Awareness Training Facilitated by Julie Moore, Koorimunication	5 Oct 2017 9.30am-4.30pm	\$270 / \$300 / \$330 (incl. GST)
Working and Walking Together – Aboriginal and Torres Strait Islander Cultural Competency Training Facilitated by SNAICC	19-20 Oct 2017 9am-4.30pm	\$760 / \$810 / \$860 (incl. GST)
Building Better Boards: Governance Program		
Session 1: Board Governance and Strategy Facilitated by ACTCOSS	28 Nov 2017 9.30am-12.30pm	\$110 / \$140 (1 session) \$180 / \$240 (both) (incl. GST)
Session 2: Financial Management Presented by Betty Ferguson	28 Nov 2017 1.15pm-4.30pm	\$110 / \$140 (1 session) \$180 / \$240 (both) (incl. GST)
Emerging Leaders		
Planning and Time Management Facilitated by ACTCOSS	8 Nov 2017 9.30am-12.30pm	\$110 / \$140 / \$165 (incl. GST)
Improving Quality & Impact of Services		
Managing Mental Health in the Workplace Presented by Jobs Australia	24 Oct 2017 9.30am-3.30pm	\$200 / \$260 (incl. GST)
Developing Quality and Continuous Improvement Facilitated by ACTCOSS	26 Oct 2017 9.30am-12.30pm	\$110 / \$140 / \$165 (incl. GST)

Find out more about our learning and development opportunities and how to register at the ACTCOSS website: www.actcoss.org.au

It's AGM season! Are you a new board member? Or does your organisation have new committee members coming on board?

ACTCOSS' Building Better Boards training provides new board members with a solid introduction to being on a NFP community organisation's board. Come to either or both sessions:

- Morning session: Board Governance and Strategy
- Afternoon session: Financial Management

Next Building Better Boards: 28 November 2017

Find out more:

<https://goo.gl/FCqVa5>



Sign up to the Weekly Community Sector eNotices!

Receive the latest news about the ACT community sector straight into your inbox! ACTCOSS' weekly eNotices provide information on advocacy and policy events, news, jobs, research and more! It's free, and you can unsubscribe at any time.

Sign up to eNotices: www.actcross.org.au

Article footnotes

Addressing early intervention gaps for parents in the ACT, p. 2

1. See: State of Victoria, *Royal Commission into Family Violence: Report and recommendations*, Parl Paper No 132 (2014–16), 2016, <<http://www.rcfv.com.au/Report-Recommendations>>.
2. A Taft, *Victorian Royal Commission into Family Violence: LAVAWN submission*, Judith Lumley Centre, La Trobe University, 2016.
3. See: Australian Government Department of Education and Training, *Australian Early Development Census*, 2015, <<http://www.aedc.gov.au>>.
4. M Greenhalgh, *Women and maternal care in the ACT: Consultation report*, Women's Centre for Health Matters, 2016.
5. S Fox, S Southwell et al., 'Executive Summary', *Better Systems, Better Chances*, Australian Research Alliance on Children and Youth, Canberra, 2015.
6. Skattebol et al., *Families at the Centre: What do low income families say about care and education for their young children?*, Social Policy Research Centre, University of New South Wales, 2014.
7. W Mollison, *Parenting Programs in the ACT*, Families ACT, Canberra, 2015.

Supporting parents to give children a good start, p. 4

1. E Melhuish, *Parents have the biggest influence over their child's language and emotional development*, The Conversation website, 2016, <<https://theconversation.com/parents-have-the-biggest-influence-over-their-childs-language-and-emotional-development-55823>>.
2. E Hodgen, *Early childhood education and young adult competencies at age 16: Technical report 2 from the age 16 phase of the longitudinal Competent Children, Competent Learners study*, report to the Ministry of Education, NZ, 2007, <<http://www.nzcer.org.nz/system/files/cc16-ece-young-adult-tech-report.pdf>>.

Supporting women with disability experiencing violence in the home, p. 5

1. Indicated by current service estimates and anecdotal evidence.

2. E Kelly, *People with a disability face "impossible" search for accessible rentals in Canberra*, AllHomes, 18 February 2018, <<https://www.allhomes.com.au/news/people-with-a-disability-face-impossible-search-for-accessible-rentals-in-canberra-20170217-gtzo4r/>>.

3. M Gorey, *Anglicare study finds rental affordability crisis in Canberra and Queanbeyan*, Canberra Times website, 27 April 2017, <<http://www.canberratimes.com.au/act-news/anglicare-study-finds-rental-affordability-crisis-in-canberra-and-queanbeyan-20170426-gvsmvh.html>>.

4. Anglicare Australia, *Rental Affordability Snapshot Report*, Anglicare Australia, April 2017, p.5, <<http://www.anglicare.asn.au/research-reports/the-rental-affordability-snapshot>>. See also pp.76-82 for ACT and Queanbeyan specific data.

Implementing 'Health in All Policies' to prevent alcohol, tobacco & other drug-related harms, p. 7

1. ATODA does not use the term 'drug prevention' as its meaning is unclear and is predominantly used internationally.
2. C Spooner & K Hetherington, *Social determinants of drug use*, Technical Report no. 228, National Drug and Alcohol Research Centre, Sydney, 2005.
3. S Friel, *Health equity in Australia: a policy framework based on action on the social determinants of obesity, alcohol and tobacco*, Australian National Preventative Health Taskforce, Canberra, 2009.
4. *ibid.*
5. World Health Organisation & Government of South Australia, *Adelaide Statement on Health in All Policies. Report from the International Meeting on Health in All Policies, Adelaide 2010*, WHO, Geneva, 2010.
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Next issue:

Update Issue 82, Summer 2017-18 edition

Liveable Canberra

Members are welcome to contribute articles on the theme.

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The ACT Council of Social Service Inc. (ACTCOSS) is the peak representative body for people living with low incomes or disadvantage, and not-for-profit community organisations in the Australian Capital Territory.

ACTCOSS acknowledges Canberra has been built on the land of the Ngunnawal people. We pay respects to their Elders and recognise the strength and resilience of Aboriginal and Torres Strait Islander peoples. We celebrate Aboriginal and Torres Strait Islander cultures and ongoing contributions to the ACT community.

ACTCOSS

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Update is a quarterly journal that provides an opportunity for issues relevant to ACTCOSS' membership to be discussed and for information to be shared. Views expressed are those of individual authors and do not necessarily reflect the policy views of ACTCOSS.