

Successful Child Information Sharing

VCOSS Submission to the Ministerial
Guidelines

June 2018



About VCOSS

The Victorian Council of Social Service (VCOSS) is the peak body of the social and community sector in Victoria. VCOSS members reflect the diversity of the sector and include large charities, peak organisations, small community services, advocacy groups, and individuals interested in social policy. In addition to supporting the sector, VCOSS represents the interests of vulnerable and disadvantaged Victorians in policy debates and advocates for the development of a sustainable, fair and equitable society.

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VCOSS acknowledges the traditional owners of country and pays its respects to Elders past and present.

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Introduction

VCOSS welcomes the opportunity to provide feedback to the Child Information Sharing Ministerial Guidelines (the guidelines) and related consultation documents.

Appropriate information sharing can help provide holistic, integrated services to children facing disadvantage, promote early identification of their emerging needs, and support making prompt and effective interventions. It can help children and young people achieve successful transitions between services and allow children, young people and their families to tell their story once, and avoid repeating details they've already shared with another support service.

VCOSS strongly supports the intent of the information sharing scheme to protect children from harm and improve their wellbeing.

However, information sharing is only beneficial if it leads to more timely and effective interventions for children, young people and families, and supports ongoing engagement with services.

We reiterate our long-held concerns that the breadth of the proposed Child Information Sharing Scheme (CISS), in particular the lack of clarity around the definition of wellbeing, risks undermining its effectiveness. We are also concerned that the pace in which the reforms are being rolled out will mean that the 28,000 practitioners and 713 organisations in phase one¹ will not have received the necessary training or have had an opportunity to update their policies / procedures in order to comply with the scheme prior to it coming into force on 3 September 2018.

Promoting service user's autonomy and trust in the system should be a guiding principle of the scheme; doing so requires a greater focus on obtaining consent for information sharing from children and/or their families wherever possible.

In addition, in some areas the guidelines do not adequately recognise the difficulties practitioners will face in making decisions about information sharing. Additional guidance is required for organisations about how to manage differences in professional judgment about whether the sharing of information will promote a child's wellbeing, as well as what information they are required to record, retain and report.

We look forward to continuing to work with the Departments of Health and Human Services, Education and Training and Family Safety Victoria in the development and implementation of the scheme and are happy to arrange a further meeting to discuss our members concerns and how these can best be addressed in order to support the schemes success.

¹ Child Wellbeing and Safety (Information Sharing) Regulations 2018 Regulatory Impact Statement

Recommendations

Review the scheme's design

- Clarify the definition of wellbeing, or replace it with a clearer information sharing purpose
- Include more guidance in the guidelines about child wellbeing, in accordance with commitments made by the Minister
- Provide the opportunity to view the revised guidelines and practice guidance together
- Expand the list of excluded information to include mental and emotional harm
- Provide additional information and limitations on the sharing of historical information
- Consider excluding information obtained 'second-hand' from the scheme
- Enhance communications with sectors to be included in phase one of the scheme
- Amend the guidelines to include information about how the delegates system will work
- Ensure the guidelines and practice guidance reflect best practice principles that consent should be obtained wherever possible
- Clarify how Information Sharing Entities (ISEs) should 'take into account the views of the child or family member' when deciding whether to share information
- Include more guidance about how to manage situations where ISEs disagree about sharing information or the wellbeing of the child
- Clarify arrangements for review when ISEs disagree about whether information should be shared

Implementing the scheme

- Commence the training program as soon as possible
- Recognise and encourage discussion about the complexity of decision-making under the scheme
- Ensure the training program allows for participation of people from different services to build understanding and cross-sector learning
- Facilitate the sharing of resources and templates between organisations to encourage cross-sector learning and capacity building
- Make available template policies, procedures and forms
- Clarify whether ISEs need to make a record of their information requests
- Specify what reporting requirements ISEs will be required to meet for the scheme
- Reduce duplication where multiple information sharing schemes apply
- Work with the sector to identify options for secure information exchange
- Support the Community Services Industry Plan recommendations on building IT capacity

Review the scheme's design

Clarify the meaning of wellbeing

Recommendations

- Clarify the definition of wellbeing, or replace it with a clearer information sharing purpose
- Include more guidance in the guidelines about child wellbeing, in accordance with commitments made by the Minister
- Provide the opportunity to view the revised guidelines and practice guidance together

The breadth of the proposed 'wellbeing' threshold in the draft guidelines could lead to a lack of clarity and inconsistency in applying the scheme, potentially undermining its effectiveness. The only guidance currently provided on page 15 does little to help practitioners interpret its scope, extending wellbeing to include involvement in activities, connection to community, access to resources that support a child to learn, nourishment etc. It is a very broad definition and could be interpreted very differently by practitioners. We also note that the guidelines do not specifically define 'safety' and instead are currently captured under 'understanding wellbeing and safety'. VCOSS advocates the scheme could be improved by one of the following:

- a) a tighter definition of the term wellbeing, or
- b) replacing 'wellbeing' with a clearer information sharing purpose related to assessing and managing risks to the safety of children

Some VCOSS members compared the scheme's threshold with the Family Violence Information Sharing Scheme (FVISS) risk and safety threshold, which was described as clearer, less subjective and easier to apply consistently across agencies. However, others welcomed the wellbeing threshold, noting it better captures cumulative harm experienced by children and provides more opportunity for early intervention.

The Victorian legislation is broadly based on NSW' *Children and Young Persons (Care and Protection) Act 1998*. However, the NSW legislation does not contain a definition of wellbeing and is more firmly grounded in a child protection context. The NSW legislation uses expressions like "well-being in jeopardy" and describes a child as being at risk of significant harm if current concerns exist for their safety, welfare or wellbeing because, for example, their physical or psychological needs are not being met, they have not received medical care, or they have been (or at risk of being) physically or sexually abused or ill-treated. Wellbeing in this context is given a significantly narrower scope, by being considered in relation to the risk of harm. It provides greater clarity to practitioners about what information they should be sharing and when.

In a letter to VCOSS dated 13 February 2018, in response to our concerns about the breadth of the scheme, Minister Mikakos made a number of commitments, including that the Ministerial Guidelines will clearly explain child wellbeing and provide case study examples of what is and is not within scope.

While we understand there is an intention to include some of this information in the practice guidance materials, we are concerned its omission from the guidelines will lead to inconsistent application and disagreements among practitioners. The definition of wellbeing is a basic foundation of the scheme and requiring practitioners to seek out multiple documents to understand and operationalize the legislation is problematic. VCOSS would welcome the opportunity to view the revised guidelines and the practice guidance (including case studies) together.

Overreliance on professional judgement to interpret the guidelines introduces risks of inconsistent interpretation. Of course, in many cases professional judgement will be central to applying and interpreting the wellbeing threshold, and it is impossible to describe every potential situation. But practitioners from different services with different expertise will have different understanding and interpretations of child wellbeing, best interest and developmental frameworks. This is likely to lead to inconsistencies in implementing the legislation, as one practitioner may consider that sharing information does meet the thresholds and is in the child's best interests, while another may not. Consideration should be given to including specific guidance and definition of 'best interests' in the guidelines. For example, this could draw on the definition from the *Children, Youth and Families Act 2005* Part 1.2 clause 10 Best Interest Principles or other Best Interest Frameworks in consultation with experts.

VCOSS members give examples of practitioners who work with adults (for example, workers in some mental health or alcohol and drug treatment services), who have little or no contact with children in their work. They may have no training in and limited knowledge of wellbeing and best interest frameworks, compared with a worker in a child and family service with relevant qualifications. Similarly, it may be difficult for practitioners to apply professional judgement where they have had only very limited contact with the family about whom they are requested to share information – for example, a GP who has engaged with the family only through short appointments.

Broaden excluded information to include danger to people's mental health

Recommendations

- Expand the list of excluded information to include mental and emotional harm

The guidelines contain a list of 'excluded information' that cannot be collected, used or disclosed under the scheme.

The first dot point of the list on page 17 excludes information that if shared could "endanger a person's life or result in physical injury... For example, if sharing the location of a child could be reasonably expected to pose a threat to the life or physical safety of the child or another person."

While we support this inclusion, it should be broadened to include mental and emotional harm, not just physical harm. This would bring it more into line with the modern definition of family violence, which recognises violent behaviour can include sexual, financial, emotional and psychological abuse.

Consider limiting what information can be shared

Recommendations

- Provide additional information and limitations on the sharing of historical information
- Consider excluding information obtained second-hand from the scheme

The guidelines provide for the provision of information including:

- Professional judgements
- Plans and assessments
- Information obtained from other sources.

Some VCOSS members expressed some concern about the breadth of information that can be shared.

ISEs are required to exercise professional judgement about the relevance of the information to the purpose of promoting wellbeing. Again, this requires some practitioners to make very difficult judgements about the relevance of information to a child's wellbeing. There are also likely to be disagreements between different types of services and practitioners about what is relevant.

In particular, the guidelines support the sharing of relevant *historical information*. It was suggested that organisations would benefit from additional guidance and limitations on when sharing historical information is appropriate. Some organisations query whether, for example, information about historical mental health conditions or criminal history could be used to form a detrimental judgement about a parent / family member.

Some VCOSS members would prefer information obtained second-hand not be required to be shared under the scheme, as it is difficult to guarantee its accuracy and currency. As best practice,

practitioners should be encouraged to seek information from primary sources first. Exceptions or qualifications to this principle could be considered if a practitioner considered that there was a safety risk to the child.

Review the phasing schedule

Recommendations

- Enhance communications with sectors to be included in phase one of the scheme
- Amend the guidelines to include information about how the delegates system will work.

VCOSS advises some organisations, including phase one organisations, are unaware that they will soon be included in the scheme. A much more concerted engagement strategy is needed to engage organisations, particularly across the mental health, homelessness, early learning and youth sectors.

Organisations also noted challenges if operating many different types of services being phased in at different times (for example, a community health services that provides alcohol and drug treatment and homelessness support spans phase one and two of the rollout). More information and clarity is needed about how organisations can share information internally within organisations, and how to establish clear divisions within services.

The government representatives at the VCOSS consultation advised that some services will operate under a 'delegate' model, including mental health, homelessness and alcohol and drug treatment services. It was unclear from the materials how this will work, and how it will be different to the model applied to other services. There is no reference in the guidelines to delegates.

Encourage best practice in obtaining consent

Recommendations

- Ensure the guidelines, practice guidance, training and case studies reflect the principle that consent should be obtained wherever possible
- Clarify how ISEs should 'take into account the views of the child or family member' when deciding whether to share information

While consent is not required under the legislation, best practice requires informed consent wherever possible from children (appropriate to their age and maturity) or their parents / families to share information (and particularly in making new service referrals).

Obtaining consent wherever possible respects people's autonomy and ownership of their story, builds trust, encourages ongoing engagement with services and may lead to additional disclosure of relevant information.

In situations where there is family violence or sexual abuse, protective parents are often best placed to know and assess the risks against themselves and their children. There is often benefit in their active involvement in decisions about information sharing and risk assessment.

A failure to seek consent before sharing information could deter people from seeking help at all, not disclosing relevant information, lead to disengagement with services, or create a safety or wellbeing risk for that child or a family member. Organisations work hard to build trust with vulnerable children, young people and families that enable the delivery of effective services.

If people feel judged or threatened as a result of consent not being sought, (for example that their children may be removed from their care) they may not go to services when they need help or may not disclose problems they fear will be shared without their knowledge.

The guidelines, practice guidance and resources should be based on the assumption that although consent is not required, wherever possible it should be sought from the child and/or family member.

This recommendation is made in the context of attempting to reduce the risk where information is proactively shared with another service provider without the child or family's consent to promote the child's wellbeing and in doing so, the sharing of information compromises that child's or a member of their family's safety.

While the excluded information provision should help prevent this from occurring, busy practitioners can share information without consent or even having a discussion with relevant family members or child, if they believe it is not 'appropriate, safe and reasonable' to do so. Without complete information or an understanding of family dynamics and complex relationships, this could inadvertently create a risk to safety or negatively impact a child's wellbeing.

It could also result in service disengagement if a family loses trust with a proactive practitioner because they feel they have not been appropriately consulted and their information has been shared without their knowledge or consent. It may also compromise the effectiveness of the new service provider to engage with that child or family as they were not brought along with the process from the beginning. Telling a family or child after the fact that information has been shared without their consent, does little to build strong and ongoing client-practitioner relationships.

Empowering children and young people

Giving children a say in decisions affecting them is a vital element of child-centred practice, helping to empower, engage and build independence.

VCOSS members note the difference between sharing information about a young child or infant without consent and an older teenager who can make informed decisions about their care and support. The guidelines do not adequately distinguish between the different considerations when the child is older and more independent. This should also be explicitly explored in both the guidelines and practice guidance materials.

Taking into account the views of the child and family

According to the guidelines, ISEs *must* share information in response to a request where the threshold test is met. In reality, this makes it very difficult to 'take into account the views of the child or family member' as much of the responding ISE's discretion is removed.

The ISE may determine that the threshold test is not met, if the family or child opposes sharing information, and the ISE is of the view that sharing the information without consent is more of a risk to the wellbeing of the child than not sharing, because of the potential for service disengagement or loss of client-practitioner trust. However, this is a difficult judgment for practitioners to make, especially if they possess only limited information about the broader family situation.

For example, a drug treatment service working with a parent / family is requested to share information about the parent's or family member's situation and its potential impact on the child's wellbeing. The ISE will need to make what could be an extremely difficult judgment balancing the risk of the parent or family member disengaging from treatment as a result of non-consensual information sharing with any potential risk to the child's wellbeing. The ISE likely has little or no contact with the child themselves and may not have directly observed the person's parenting skills, meaning they are being asked to make professional judgement outside of their expertise.

This difficulty should be more clearly acknowledged in the guidelines, and additional guidance should be provided through training, practice guidance and real-world case studies about how a practitioner could approach it.

In particular, further advice should be provided on 'appropriate, safe and reasonable'. For example, clarifying whether it is reasonable for a service provider to attempt to contact a person once to satisfy this obligation, or make additional requirements to attempt to make contact a few times, or when the person is able to share their views (e.g. not drug affected). This will help prevent a situation where the practitioner is effectively 'ticking a box' in order to avoid having a difficult conversation with a client who does not wish their information to be shared.

As a matter of best practice, we recommend the guidelines set out as the default approach that a practitioner should obtain the views of a child or family member, and that not obtaining their views should only be done in exceptional circumstances. In promoting best practice, VCOSS recommends that reasonable efforts be made to contact the child or families to seek consent, and that practitioners document what efforts were made, and if the views were not sought, the reasons why this decision was made. If their views were obtained, these should also be documented and if consent is not obtained, the basis on which a practitioner has decided to share confidential information to promote the wellbeing or safety of a child.

Clarify what happens where ISEs disagree

Recommendations

- Include more guidance about how to manage situations where ISEs disagree about sharing information or the wellbeing of the child
- Clarify arrangements for review when ISEs disagree about whether information should be shared

The guidelines contain little guidance about how to manage a situation where ISE's disagree about whether information should be shared, or about whether information promotes a child's wellbeing.

Members gave many examples of possible conflicts, including where practitioners have differing levels of understanding of issues like mental health, disability, addiction or sexuality.

Government representatives at the VCOSS member briefing described this as 'agreeing to disagree.' This potentially pits practitioners against each other which could undermine the integrity of the scheme.

Organisations expressed concern that if they refuse to provide information because they do not feel it meets the wellbeing test it could damage their relationship with the other ISE and could be used to discredit them with funding bodies. Other organisations expressed concern that the lack of guidance around this issue could instead make it easier for organisations to refuse to share, undermining the effectiveness of the scheme.

Page 41 of the draft guidelines says only *'it is recommended ISEs develop protocols to apply if there is a disagreement about whether or not information should be shared.'* It may be helpful for government to publish template examples of such a protocol. This is also an issue that should be covered extensively in training.

The guidelines could also clarify what role, if any, the government has to intervene in disagreements about information sharing. Some members suggested the Commission for Children and Young People could play a role in helping mediate disagreements and answer questions about appropriate information sharing. We note that a telephone line is also being established and will be able to assist organisations in complying with the scheme.

Implementing the scheme

The scheme will only be effective in meeting its goals if accompanied by broad cultural change across the sector. Information sharing has always been allowed when a child is at risk, but too often risk-averse cultures within agencies have led to failures to share information that could have prevented harm or saved a child's life.

Research into the NSW scheme has shown that although information sharing has improved as a result of the legislation, there is still reluctance to share information. Reasons included an ongoing risk-averse culture, reluctance to discuss the need to share information with families and not knowing who to ask for advice and the process for exchanging information.² Anecdotal reports suggest that it took several years for organisations to adapt to the new scheme, and for instances of sharing to increase significantly.

A long-term approach is needed in Victoria. Ongoing training, discussions and monitoring will be necessary to embed the kind of cultural change required. The 2018-2019 State Budget has allocated \$43.3 million over four years and ongoing funding of \$5.2 million per annum to the implementation of the scheme. The Regulatory Impact Statement estimates it will cost organisations on average \$22,800 in upfront costs (\$16.3 million), and \$21,600 on average per organization per year ongoing (\$15.4 million) in phase one. These averages will vary across organisations due to size, resourcing capacity, nature of work and existing systems and processes. Given these additional costs on community sector organisations, VCOS members ask what funding will be made available to support organisations' compliance with the scheme.

Members have also reported that their capacity to take on new clients is currently stretched and that they have limited ability to proactively perform effective outreach to deliver prevention and early intervention programs to new families. More support will be needed by government, to achieve the scheme's intention of refocusing the system towards prevention and early intervention.

² Social Policy Research Centre, *Opportunities for information sharing: case studies*, prepared for NSW Department of Premier and Cabinet, 2015.

Provide appropriate training

Recommendations

- Commence the training program as soon as possible
- Recognise and encourage discussion about the complexity of decision-making under the scheme
- Ensure the training program allows for participation of people from different services to build understanding and cross-sector learning

VCOSS members were broadly supportive of the training proposals outlined by government representatives.

Compulsory training should commence as soon as possible, so at least some representatives from each organisation can be prepared for the scheme prior to commencement, and to begin conversations internally about its implications. Training is currently not scheduled to commence until mid-August 2018 – two weeks shy of the scheme’s operation – and this includes both online training modules and face-to-face training. The Regulatory Impact Statement states 10,500 of the total workforce of 28,000 in phase one will receive one day of face-to-face training. Given the large number of workers requiring training, a train-the-trainer model was suggested by members, to build the capacity of the sector to share information with other workers and organisations. To reduce the risk of inappropriate information sharing, VCOSS suggests that all practitioners undergo compulsory training as soon as possible, and that this includes training on best interests of the child and child development frameworks, cumulative harm, cultural safety and family violence.

VCOSS members support including real-life, complex case studies in the training. Different organisations might have different responses to these case studies, but identifying and discussing ‘grey areas’ is an important part of the training process, and recognising not all the decisions under the scheme will be clear. It would also benefit the sector if real life, de-identified case studies were used in the materials, based on complex situations organisations currently face.

One way to help practitioners learn from each other and improve cross-sector understanding is to offer training that brings together workers from different parts of the sector. VCOSS members identify many scheme challenges can arise from practitioners in different services having different understandings of wellbeing and the best interests of the child. While it appears that only one day of face-to-face training is currently being considered, adding an additional day to improve practitioner’s understanding of child wellbeing and best interest frameworks could be considered as this would help promote more consistent decision making. This could be incorporated into, or modelled on the requirement that organisations participate in family violence risk assessment training.

The scheme will work best if organisations can have honest and trusting conversations about when and how information should be shared, and the potential benefits and risks in individual cases. This is most likely to be achieved when organisations know each other and have built established relationships and understanding. The Department should consider running training in specific area, rural towns and regional cities, to help promote relationship building amongst practitioners, build

confidence around information sharing, as well as ensure practitioners are aware of services in their area that they could make a referral too.

Provide mechanisms for organisations to share resources and lessons

Recommendations

- Facilitate the sharing of resources and templates between organisations to encourage cross-sector learning and capacity building
- Make available template policies, procedures and forms

The new CISS will require organisations to develop new policies, procedures, forms and record keeping templates. Many organisations included in the new FVISS have already commenced this work. There are opportunities for ISEs to learn from each other's experiences and share documents and templates.

One VCOSS member provided an example of their new privacy statements. As well as meeting the requirements of the scheme, they have been working to make sure it is clear to clients how their information can be used, and that this is part of a broader cultural change.

The Victorian Government can help facilitate the sharing of these kinds of documents between organisations through training, establishing communities of practice and creating a portal in which information can be shared.

It would be helpful for government to develop and share template policies, procedures and forms. It is understood that the DHHS will be updating policies and procedures for their child protection workforce, and that some of these resources and templates could be useful for the sector. ISEs can use and adapt these template as they see fit, avoiding duplication of the time consuming work of initially developing these documents – particularly new information notices for service users on the use of their confidential information.

The Victorian Government may consider developing a searchable database to enable ISEs to quickly determine whether a service is an ISE. This would help ensure that information is shared with authorized organisations. This could also allow practitioners to search for services within their local area, thereby increasing opportunities for service referrals.

Make clear record keeping and reporting requirements

Recommendations

- Clarify whether ISEs need to make a record of their information requests
- Specify what reporting requirements ISEs will be required to meet for the scheme
- Reduce duplication where multiple information sharing schemes apply

The guidelines require ISEs to record information about:

- Requests for information
- The information that has been shared
- Reasons for refusing to share information
- Any risk assessments or safety planning that have been undertaken
- Whether the views of the child or family were sought, and if not, the reasons they were not sought
- Whether the child or family was informed they information was shared.

The guidelines are not clear on whether ISEs need to record when they have requested information from another organisation. Several organisations (including those already operating under the FVISS) indicated they do not intend to keep records of requests for information, as the other entity will be recording this exchange.

The guidelines also do not specify how records should be maintained e.g. whether requests or responses for information can only be provided in writing. Some organisations suggested the information could be recorded in case notes. This may be problematic if organisations will be required to report to funding bodies or the scheme evaluators on the number of requests received and the nature of information shared; they may need to review many case notes to collate the required information. It will assist organisations in establishing appropriate record keeping systems if the Victorian Government can clarify what information organisations will be required to provide at the end of the reporting or evaluation period. We understand government departments are currently collecting baseline data in preparation for the scheme's review in two and five years' time. To assist with the review, and in considering any unintended consequences or significant increases in practitioners' workloads, the guidelines could set out the requirements on organisations to maintain adequate written records that can then be provided for these reviews and baseline data collection.

VCOSS members also recommended the Victorian Government consider how to reduce the need to duplicate records where information is shared under both the CISS and FVISS. The development of joint templates is one possibility.

Continue to work on measures to secure information

Recommendations

- Work with the sector to identify options for secure information exchange
- Support the Community Services Industry Plan recommendations on building IT capacity

Service users expect their information to be secure, and to not be accessible to practitioners without a genuine need. The guidelines have no specific information on how information should be stored or protected, other than requiring organisations to comply with existing laws and standards.

If operating as intended, the CISS is likely to increase the amount of information shared between organisations, potentially creating additional security risks. More thought needs to be given to building the information technology capacity of the community services sector to store, handle and share information safely and securely. Protocols are also needed, including the circumstances for verbal and written information sharing, and the information that needs to be recorded and securely stored.

At the moment, organisations operate multiple different systems, and technological capability varies widely between organisations and sectors. The different systems often do not 'talk' to each other, and this lack of interoperability creates a barrier to more secure information sharing. Too often, when new systems like the CISS are introduced, they bring with them new IT systems and requirements, increasing the fragmentation.

The Primary Care Partnerships (PCPs) have been working with health services for many years to put in place consistent systems for interagency referrals and information exchange via secure messaging platforms. There is potential for this work to be expanded to other parts of the community and social sector.

We also note that the Community Services Industry Plan will be launched in mid-2018 and contains a number of recommendations about building the IT capacity of the community services industry, developing interoperability frameworks and exploring options for shared client records. Many of these recommendations will require ongoing support and funding from government.

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