Stronger Outcomes for Families

Background Paper June 2018

Contents

Purpose

The Department of Social Services (DSS) is seeking feedback from the sector, academia, state and territory governments, and families and children on the future of family and children services. This background paper is designed to support the Stronger Outcomes for Families discussion paper and inform these discussions. It provides an overview of the evidence, data and previous engagement relating to outcomes for Australian families and children, and the Families and Children's (FaC) Activity. A glossary of acronyms is at **Attachment A**.

Context
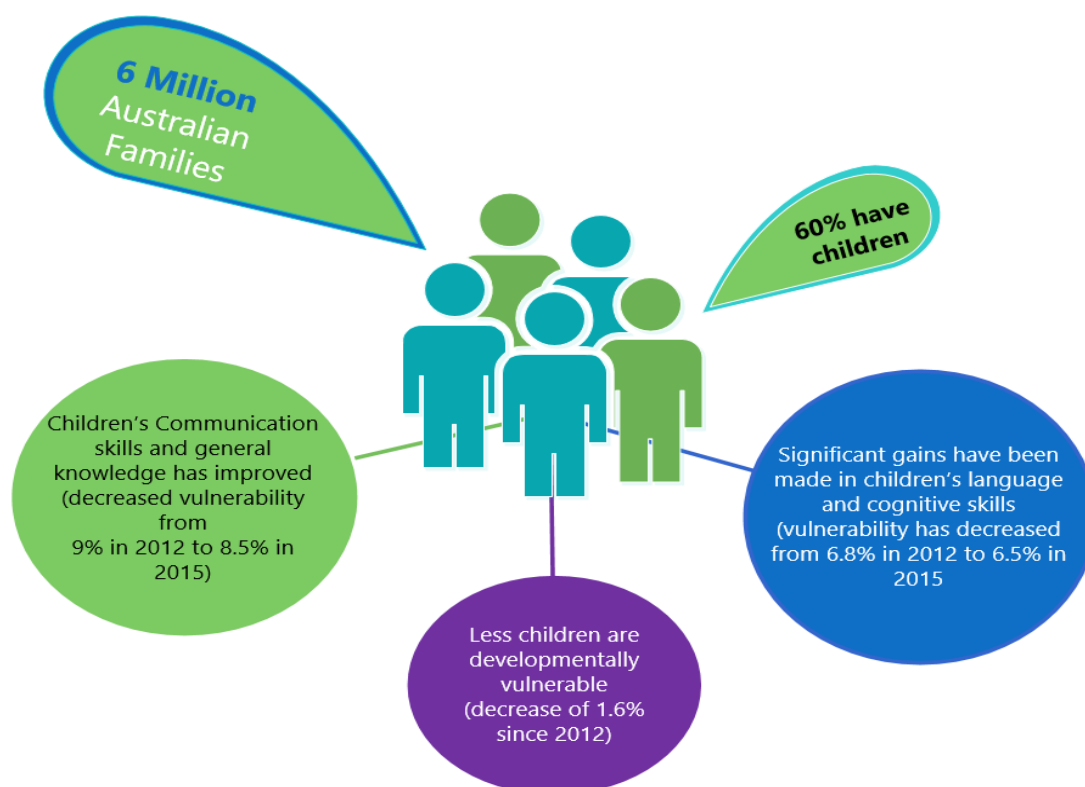
Families and children in Australia

Data and research shows that many Australian families are cohesive and their children are thriving. Sixty per cent of Australia's six million families have children. The Australian Early Development Census shows that between 75 and 85 per cent of children are on track in their development when they reach school.

Australian children's outcomes have continued to improve between 2009 and 2015:

- less children are developmentally vulnerable (1.6 per cent reduction),
- Indigenous children's vulnerability has decreased (from 47 per cent to 42 per cent),
- children's vulnerability in language and cognitive skills has improved (8.9 per cent to 6.5 per cent), and
- children's communication skills and general knowledge have also improved (reduction in vulnerability from 8.9 per cent of children to 6.5 per cent of children).

Many Australian families face significant challenges despite governments investing heavily in services aimed at making a positive shift in outcomes:

- one in five children were developmentally vulnerable in one or more areas measured by the Australian Early Development Census in 2015,[i]
- as at 30 June 2016, 46,500 children were in Out of Home Care, almost half were less than five years old,[ii]
- in 2009 there were approximately 290,000 children aged 0-14 years with a disability,[iii]
- one third of children aged 0-4 years and two thirds of children aged 5-14 years with a disability had an intellectual disability,[iv]
- approximately one in six women and one in 17 men have experienced violence by a partner since the age of 15,[v]
- one in 10 people now aged over 18 years old experienced abuse before they were 15 years old,[vi]
- one in 10 men and one in eight women witnessed violence towards their mother by a partner before the age of 15,[vii] and
- 22 per cent of women and girls with disability are affected by violence.[viii]

Aboriginal and Torres Strait Islander Families and Children

Aboriginal and Torres Strait Islander families and children continue to experience poorer outcomes than non-Indigenous Australians. Significant investment in programs and services that focus on building on the strengths of Aboriginal and Torres Strait Islander people and culture have resulted in improvements including:

- reducing the child mortality rate by 35 per cent between 1998 and 2016 (from 217 deaths per 100,000 to 146 deaths per 100,000),
- 91 per cent of Aboriginal and Torres Strait Islander four year olds are enrolled in early childhood education programs, and
- a doubling in Aboriginal and Torres Strait Islander students in higher education award courses between 2006 and 2016.[ix]

Despite these gains, Aboriginal and Torres Strait Islanders still experience poorer outcomes than non-Indigenous Australians:

- females were 32 times and males were 23 times more likely to be hospitalised due to family and domestic violence in 2014-15,
- children are 10 times more likely to be in Out of Home Care,
- youths aged between 10 and 16 years old were 16 times more likely to have contact with both the child protection system and youth justice supervision in 2015-16,
- 27 per cent of all prisoners in Australia identify as Aboriginal and Torres Strait Islander.[x]

The effect of past child removal practices continues to have an impact on the outcomes experienced by Aboriginal and Torres Strait Islander adults and their children. Aboriginal and Torres Strait Islander adults were 2.7 times more likely to have high or very high levels of psychological distress, with almost half (48 per cent) of Aboriginal and Torres Strait Islander adults reporting either they or their relatives had been removed from their natural family.[xi]

Existing policy, reviews and recent engagement processes

The need for collaborative and joint effort to intervene early with families and children is a key theme of multiple policies, reviews and engagement processes undertaken by the Commonwealth over the last 20 years. These have included:

- the 2018 Productivity Commission Inquiry Report into Human Services,
- Closing the Gap in 2008, and the 2018 Closing the Gap Refresh,
- the 2017 Royal Commission into the Protection and Detention of Children in the Northern Territory,
- the 2013-2017 Royal Commission into Institutional Responses to Child Sexual Abuse,
- the 2017 consultations on the 'First 1,000 Days of Life' lead by the Prime Minister's Community Business Partnership,
- the 2017 Social and Cultural Determinants of Indigenous Health consultations lead by the Department of Health,
- the 2017 DSS roundtables on improving outcomes for Aboriginal and Torres Strait Islander families and children under the FaC Activity, and
- the 2016 Redfern Statement.

The Commonwealth, states and territories already have a number of existing joint initiatives to collaborate to improve outcomes for families and children including:

- the National Framework for Protecting Australia's Children 2009-2020, and
- the National Plan to Reduce Violence against Women and their Children 2010-2022.

There has also been an acknowledgement that existing methods for commissioning grants may be impacting our ability to achieve the outcomes sought. This discussion started in 2014 with DSS' New Way of Working with Grants. For family and children grants, this represented a shift in both the way grants were commissioned (with several open rounds) and the collection and reporting of administrative program data through the Data Exchange.

Ensuring that the method of funding supports the outcomes being sought has been discussed with the sector through consultations on DSS' Getting Better Outcomes approach (previously known as Commissioning for Better Outcomes).

The 2017 DSS roundtables on improving outcomes for Aboriginal and Torres Strait Islander also identified that the existing method of commissioning services for Aboriginal and Torres Strait Islander families and children has created barriers for access to services and the outcomes achieved.

These barriers are acknowledged through the Government's announcement of the development of the Indigenous Grants Policy (IGP). The IGP will be trialled in several departments (including DSS) from 1 July 2018. The IGP aims to increase the involvement of Indigenous people in the grant funded activities and programs that are intended to benefit them to ensure that services are culturally appropriate.

A summary of each of these key policy decisions and engagement processes is at **Attachment B**.

Families and Children Activity

DSS delivers a range of activities under the Families and Communities Program to support families, improve children's wellbeing and increase participation of vulnerable people in community life to enhance family and community functioning. The Program encompasses seven activities that support the Australian Government's priorities and responsibilities, one of which is the FaC Activity.

Under the FaC Activity, the Department of Social Services (DSS) invests approximately $217 million annually in the following programs, which are in-scope for this engagement process:

- Communities for Children Facilitating Partners (CFC FP)
- Family and Relationship Services (FaRS)
- Children and Parenting Support
- Intensive Family Support Service, and
- the Home Interaction Program for Parents and Youngsters (HIPPY).[1]

These programs deliver a range of early intervention and prevention services to improve child, youth, adult and family wellbeing, increase economic engagement and support more cohesive communities. The majority of grant agreements for these programs expire on 30 June 2020. It is therefore timely for us to discuss how we can continue to work together to ensure our programs continue to achieve positive outcomes for families and children across Australia.

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[1] Adult Specialist Support Services and Reconnect are not in-scope given their focus on adults and youth homelessness.

Principles

DSS proposes the following principles underpin the future design of programs for families and children across Australia.

Outcomes Focussed	Targeted Service Delivery	Data and Evidence Driven	Early Intervention and Prevention	Collaborative
We will clearly define and articulate measurable and achievable outcomes. *We will understand what is possible within our limited funding and seek to do it well.* *We will use funding mechanisms that are sustainable and help us achieve outcomes for families and children.*	*We will target our investments in high need, high cost children, families and communities where there is the potential for a greater return on investment.* *We will ensure our programs and services are tailored to priority needs.*	*We will ensure service design and delivery is informed by quality data and evidence about 'what works'.* *We will consider evidence informed, best practice, promising and emerging practice.* *We will regularly collect and analyse data and evidence to inform policy, make decisions on strategy and investment, and guide practice and innovation.*	*We will fund programs and services that act early to support families and children with a specific focus on preventing harm or problems from escalating (especially breaking trajectories toward out of home care).* *Our programs and services will seek to identify and respond to key risk factors (such as child abuse and neglect, domestic violence, homelessness) and strengthen protective factors in families and children (such as resilience).*	*We will use a 'system approach' and ensure service providers actively connect with other organisations and local communities to provide joined up services for children and families, providing a holistic support system.* *We will encourage the establishment of partnerships, collaborative networks, and community coalitions.* *We will work collaboratively with other government agencies to join up efforts and reduce duplication.*

Principle 1: Outcomes focussed

The role of families

Families with and without children perform essential roles of caring, sharing, supporting members emotionally and financially, and providing a connection to wider society. The nature and importance of these roles will differ by family type, circumstances, values and whether children are present.

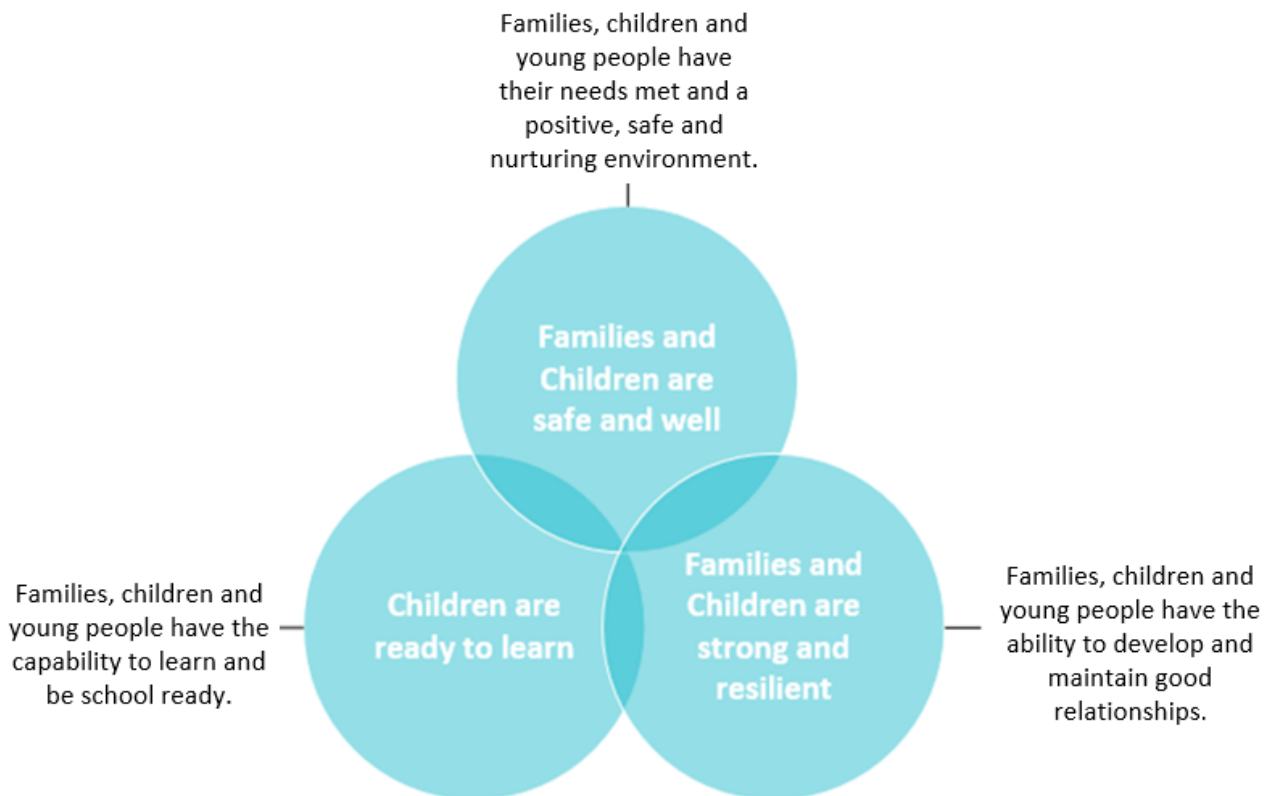DSS has identified five overlapping roles that families play:

- **Supporting each other through relationships:** families can provide each other with their closest, most meaningful social and emotional supports. Families that support each other sufficiently are characterised by cohesion, good communication and support for family members' goals.

- **Nurturing children and young people:** a key function of family is the nurturing, bearing and raising of children. Families provide the resources necessary for life, help children grow and contribute to the development social, literacy and numeracy skills in children. Families instil in children a sense of appropriate behaviour, transmit the values that are important to the family and provide comfort and affection.

- **Connection to physical, social and cultural environments:** families connect their members to broader environments, important for individuals' psychological health and for enhancing social cohesion.

- **Managing and sharing resources and tasks:** acquiring, managing and sharing resources and tasks as a family ensures individuals have their basic needs met so that all members of the family can reach their full potential.

- **Caring for vulnerable family members:** families often provide informal care for family members who are sick, have a disability, or are frail, rather than placing them in formal care arrangements.

As families are a major influence on children's lives, interventions to improve the context and resources within which families function represent an investment in the overall quality of the social environment for children during their developmental years.[xii] Ensuring families have the skills and resources to perform their functions well, will assist in improving the quality of the child's environment, protecting against poorer developmental outcomes and may improve outcomes for a generation of children.

Outcomes for families and children

Improving family functioning is necessary to support long-term wellbeing for communities by creating a happier, healthier and more skilled population. Positive family functioning can then become self-fulfilling, increasing self-reliance and capability over the life cycle and across generations. Following a review of the evidence, DSS has identified three overarching long-term outcomes that are vital for all families and children.

Families, children and young people have their needs met and a positive, safe and nurturing environment.

Families and Children are safe and well

Families, children and young people have the capability to learn and be school ready.

Children are ready to learn

Families and Children are strong and resilient

Families, children and young people have the ability to develop and maintain good relationships.

Families and children are safe and well

All families and children should feel safe in their homes, their schools, their workplaces and their communities. No family or child should be without the basics needed to have a good, healthy life and to participate fully in society.

A number of DSS' payments and programs contribute to ensuring that families and children have the material basics including income support and family payments, rent assistance, financial wellbeing and capability programs, and homelessness programs. Through our FaC services, we have further opportunities to work with families to increase their education, knowledge and practice of child protective behaviours, conflict resolution skills and interpersonal skills. By helping families to equip themselves with these skills we can ensure a safe and positive home environment that gives all members of the family an opportunity to thrive.

Unfortunately, for many families and children being safe and well is more difficult due to experiencing and/or witnessing domestic and family violence,[xiii] sexual abuse,[xiv] homelessness,[xv] antenatal risk factors including maternal smoking, alcohol and drug use, malnutrition, stress and antenatal depression,[xvi] disability,[xvii] poor early health and nutrition,[xviii] and poverty.[xix]

These families and children are not a small minority. Violence is prevalent in our homes, with one in four women and one in 13 men experiencing violence from an intimate partner.[xx] Ending an unhealthy relationship can further heighten the risk of violence. Around one in five parents reported that they held safety concerns associated with ongoing contact with their child's other parent and over 90 per cent of these parents had been either physically hurt or emotionally abused by the other parent.[xxi]

The consequences of not doing more to ensure that families and children have a safe home environment are grave. Experiencing violence can significantly hamper a parent's confidence, health and ability to parent. It can also have significant impacts on children in the family, even when violence isn't directed specifically towards them.

Children being socially isolated, having low self-esteem, having mental health or behavioural difficulties, experiencing domestic violence or being hurt physically or emotionally by their parents increases their risk of being sexually abused.[xxii] We know from the Adverse Child Experience Study that child abuse and neglect can, in addition to harming the immediate wellbeing of the child, impair early brain development and metabolic and immune system function leading to chronic health problems.[xxiii]

Failure to address families and children's physical and safety needs, makes it extremely difficult for them to connect to others, commit to learning and develop the skills they need to navigate challenges.[xxiv] All families and children should have the same opportunities to participate in society. It is important that our services help families to achieve their maximum potential.

Families and children are ready to learn

All families and children should have access to education and the ability to learn. Formal and informal learning provides opportunities for families to engage with higher paid and more secure work, to communicate effectively with others, to think creatively and to engage more fully with the world around them. Families and children services play a critical role in assisting families to create an environment that is conducive to learning and allows children to explore their curiosity during their first years of life.

Unfortunately, significant numbers of children are arriving to school poorly equipped to benefit from the social and learning opportunities that schools offer. AEDC data demonstrates that one in five Australian children are vulnerable on one or more developmental domains when they start school.

DSS recognises that learning for children occurs long before they first step into an early childhood education centre or a school. It happens during the first years of a child's life, with their parents and families teaching them critical sensory, motor learning, mental, physical and social capabilities. Shifting the long-term trajectories of children can be most effective during this prenatal and early childhood period as the foundations for development are established.[xxv] For example, in a child's first three years of life, their brain grows from approximately 25 per cent to 80-90 per cent of adult size.

This period is also one of intense change for families, as they commit to learning new approaches and adapting to the changes in family dynamics a new child brings. Competing demands can place significant time and resource pressures on families. However, there is a significant positive impact on the outcomes for children when families commit to creating a stimulating learning environment and parents are engaged in their education.[xxvi] Skills acquired from families form the basis for skill development later in that child's life.[xxvii]

Parents and families have the most direct and lasting impact on children's learning outcomes. Creating an environment that allows children to learn and parents being positive learning role models help children to have the capacity to learn and be ready for school. Our services can assist to build parents skills, education and confidence to ensure their children are school ready and have the capacity to learn.

Families and children are strong and resilient

All families and children should have the strength, resilience and capabilities to navigate challenges and resolve problems throughout their lives. Many families and children will experience challenges in their lives, be it domestic violence, financial difficulty, relationship breakdown, homelessness, medical difficulties or one of many other challenges we all face. Happy, satisfied and confident families and children are more able to manage their emotions and reactions to challenges they experience over the course of their lives.

How families function and the way they support each other influences how they will meet challenges.[xxviii] The resilience and coping mechanisms of families are extremely important as children's behaviours are learned mostly through their observation of others, especially their families who are important role models for young children. For example, poor parenting has almost twice the impact of persistent poverty on a child' outcomes, when compared to other factors.[xxix] The more time children spend in adverse environments the more difficult it is for them to recover from the effects.[xxx]

However, positive stimulation in early life affects subsequent health, wellbeing, coping skills and competence across the lifespan.[xxxi] The experiences of children from conception to age three have the most significant impact on connecting and sculpting the neurons in children's brains.[xxxii] These early experiences either enhance or diminish a child's potential, laying either a strong or fragile platform on which all further development is built. Family and children services have a role to play in supporting families and children to develop the skills and capacity to deal with and succeed in difficult circumstances.

Funding

There are currently 225 organisations funded to deliver services under in-scope programs. Approximately 300 additional organisations are sub-contracted to deliver services through the CfC FP and HIPPY programs. Many organisations receive funding under multiple FaC Activity programs. Ideally, DSS would like support for families and children to be provided based on an assessment of their needs. Instead of funding based on specific programs, DSS could provide funding under three streams:

- **Universal** – provides opportunities for all families and children to seek help and access information, advice and education to address issues before they escalate or become entrenched.

- **Targeted** – provides more intensive, and where necessary, frequent and sustained support for children and families experiencing vulnerability or multiple complex risk factors.

- **Place-based** – provides funding to communities experiencing disadvantage to deliver community-driven, collaborative responses to address local problems impacting the wellbeing of children and their families.

Universal

Universal services refer to strategies that target entire populations or a whole population (such as the broader population of all families or all children) and are aimed at preventing problems before they occur including those that aim to tackle underlying risks and bolster protective factors.[xxxiii]

Universal services are generally accessible, non-stigmatising, with the focus on primary prevention and reaching the majority of families and children in need. As such, universal services often provide a 'soft' non-threatening entry point to services for families that may have additional needs and require more intensive services.[xxxiv] Evidence also suggests that universal interventions are much more likely to deliver large-scale population-level change.[xxxv] Universal services can provide baseline support and important service system access and referral points for families to seek help, information, advice and education, including through cost effective modern communication technologies.

For the purposes of this consultation process, DSS is not considering the health and education systems when discussing universal service provision. Rather, DSS is considering universal access to families' and children's programs.

Targeted

There is a need for both universal and targeted early intervention and prevention services in order to achieve long term gains. Families with multiple and complex needs often require a coordinated service response that is of a high intensity over a longer period of time. Targeted services usually refer to services that are designed specifically for one group of families or to specific client groups with known vulnerabilities. Targeted can also refer to more intensive services which require referrals from universal services to more specialised services.[xxxvi]

Targeted interventions work best in tandem with universal services to address the additional needs of vulnerable families and children at risk of or experiencing significant or multiple issues.[xxxvii] These targeted services need to be available at the right time and for the required duration for that individual family's need.[xxxviii].

By identifying and assessing risk factors, targeted early intervention and prevention services can seek to reduce their impact by building the family's skills, strengths and resources to address these risks.

Place-based

Place-based funding represents an opportunity to build a shared understanding of place or location and tailor services to individual and community need. Place-based approaches are generally long-term responses to complex problems delivered in a defined geographic location. Place-based models vary and include initiatives such as Logan Together, Empowered Communities and CfC FP.

Around three in every ten people unemployed in June 2016 were residing in the 20 per cent most disadvantaged areas in Australia (refer to Figure 1). Children's vulnerability also correlates with place-based disadvantage. In 2015, children in the most disadvantaged areas were 4.1 times more likely to be developmentally vulnerable, relative to children in the least disadvantaged areas. Locational disadvantage is persistent. New South Wales, Victoria and South Australia each have eight to nine localities that have remained in the top 12 most disadvantaged localities in Australia since 1999.

Figure 1: Index of Relative Advantage and Disadvantage quintiles for Local Government Area, deciles 2016[xxxix]
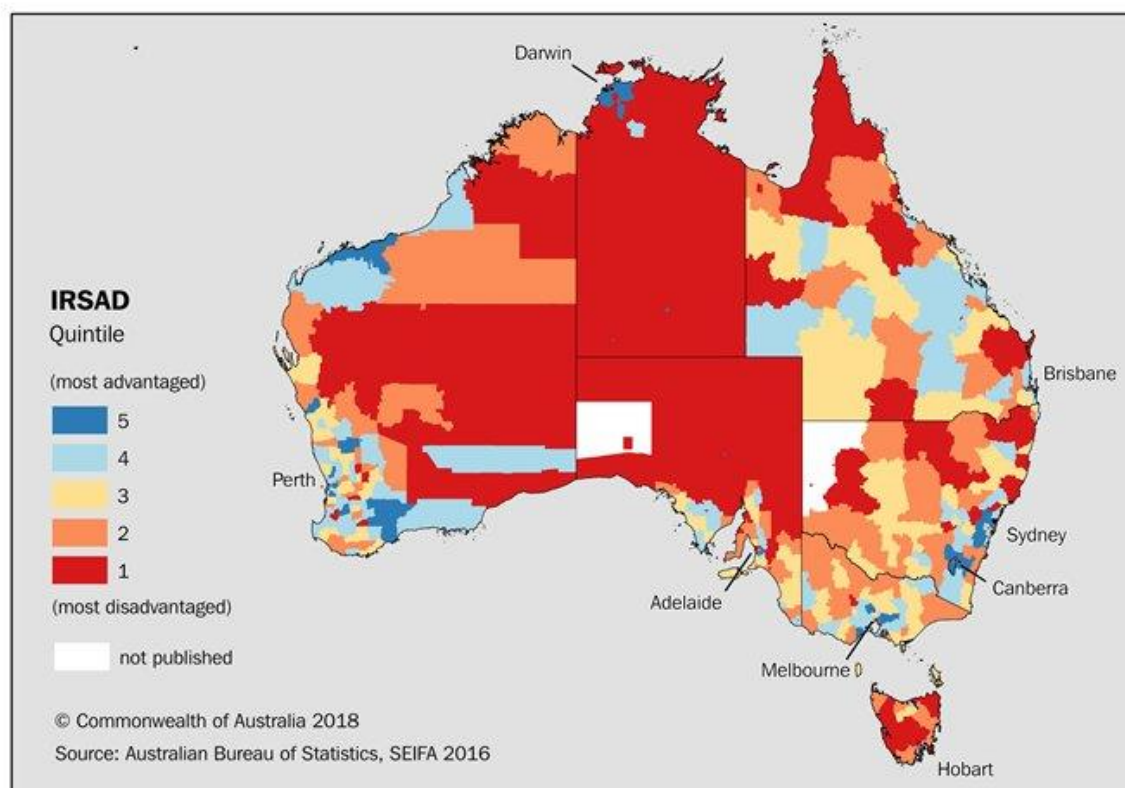
Evidence on the success of place-based approaches is still being developed. However, place-based approaches are worth exploring based on early indicators from a number of place-based initiatives around Australia, including Logan Together and Burnie Works, combined with the desire of communities to have more control over the services they receive.[xl]

Indigenous Grants Policy

DSS is committed to working with Aboriginal and Torres Strait Islander stakeholders to improve outcomes for their families and children. In late 2016, the Government agreed to the development of the IGP. The purpose of the IGP is to ensure that where Indigenous Australians are the principle beneficiaries of a Commonwealth granting activity, or are highly represented, they have a key role in designing and delivering that activity. This strengthened role for Indigenous organisations, businesses and individuals is likely to have beneficial economic flow-on effects and improve service delivery to Indigenous people.

The IGP will be trialled by DSS as part of its consideration of the future of family and children programs. Of the organisations funded directly under the FaC Activity only 17 are identified as Indigenous organisations. DSS will consider how to increase the number of Indigenous organisations delivering services in locations with high Indigenous populations, assuming they provide value for money.

In alignment with the IGP, non-Indigenous organisations should be able to develop and demonstrate meaningful partnerships with Aboriginal and Torres Strait Islander families, children and service providers to ensure services are designed and delivered in a culturally appropriate way.

Principle 2: Targeted Service Delivery

Cohorts

Families and children may be at risk of a single factor or multiple factors that increase the likelihood of them not being safe, resilient and ready to learn. These factors may include:

- drug and alcohol abuse,
- domestic and family violence,
- child abuse and neglect,
- disability,
- homelessness,
- children who are developmentally vulnerable,
- relationship breakdown, or
- financial difficulty.

Analysis of the administrative data for FaC programs contained in the Data Exchange demonstrates that clients often access multiple services funded by the Department, with Emergency Relief being the most common service accessed outside of FaC.

Anecdotal feedback from service providers and Funding Arrangement Managers (FAMS), supported by the Personal Safety Survey from the Australian Bureau of Statistics, indicates that approximately half of families and children that attend a FaC service identify as experiencing family and domestic violence over the course of interacting with that service. This can have a significant impact on the resilience and development of their children and on their children's attitudes to violence.

When considering families and children who experience poorer outcomes, Aboriginal and Torres Strait Islander, Culturally and Linguistically Diverse, or families and children with disability, are over-represented. This is due to a variety of reasons including intergenerational trauma, problems accessing culturally appropriate services, language barriers, racism, trust, physical barriers and services not being appropriate for people's disability.

Given the needs of these families and children, DSS would expect that they would be a large component of people accessing FaC services. However, an analysis undertaken of FaC data for the 200,000 individual clients serviced from July to December 2017 found that only seven per cent identified as Indigenous, seven per cent identified as having a disability and less than 0.01 per cent identified as being born outside of Australia. Over half of individual clients were between the ages of 20 and 64 (55 per cent) and over a third (36 per cent) were children between the ages of 0 and 14 years.

In designing our services, we need to ensure that families and children at high risk of not being safe and well, resilient or ready to learn have access to appropriate services. These families have the least capacity and capability to negotiate a complex system but have the highest need for a holistic and coordinated service response.

Access Strategy

Organisations funded under the FaC Activity are required to develop and implement an Access Strategy to increase access for vulnerable children and families to their services as part of their funding arrangements. Monitoring is based on discussions with FAMS during site visits, with no formal reporting, targets or performance measurement requirements.

Organisations funded by DSS are no longer required to complete a Vulnerable and Disadvantaged Client Access Strategy (VADCAS). Introduced in 2011, VADCAS required organisations funded by the Family Support Program to improve service accessibility and responsiveness for vulnerable and disadvantaged families, including Indigenous families. Organisations were required to (with a few exceptions):

- Develop an Access Strategy and supporting Indigenous Access Plan as per the funding agreement, resulting in the creation of Indigenous Access Improvement Targets.

- Report annually on implementation of and progress against the Access Strategy and Indigenous Access Plan.

- Demonstrate they are adequately providing services to Indigenous people, in line with the COAG's Closing the Gap Service Delivery Principles.

Although the process was viewed by affected organisations as time-consuming, VADCAS was effective in improving accessibility. The 2012 VADCAS Report by Family & Relationship Services Australia showed that whilst burdensome, the vast majority of organisations surveyed appreciated the opportunities VADCAS provided to review and evaluate their current services and gain a better understanding of their clients and communities, and initiated changes to their services and working relationships as a result.[xli] VADCAS requirements were streamlined through the 2014 grants process and replaced with the current Access Strategy.

Building on learnings from VADCAS, and the current Access Strategy, DSS is considering new access strategy requirements that provide priority to at-risk families and children. Under the new access strategy, service providers may be required to develop service and outcome targets for at-risk families and children in their community. Targets would be measured through existing data reporting and/or in performance discussions with the relevant FAM.

Locations

Families also have an increased likelihood of their children not being safe, resilient and ready to learn depending where they live. For example, children and families in disadvantaged locations often experience poorer outcomes across a range of indicators, including lower educational attainment, higher unemployment, poor health, and delayed development. Areas of disadvantage are themselves often characterised by poorer physical infrastructure and quality of housing, along with higher levels of crime and violence than more advantaged regions.[xlii]

The most common method of measuring locational disadvantage is the Socio Economic Indexes for Areas (SEIFA), which collates several factors linked to disadvantage, including household income and expenditure, level of education and occupation-related skills. Analysis using SEIFA shows that the most disadvantaged locations exist in major cities or urban centres, with the exception of the most disadvantaged one per cent of households, which are located in very remote areas.[xliii]

Research indicates that disadvantage is becoming increasingly concentrated in some locations. Identifying and ensuring services are targeted to these locations is critical to improving outcomes for those families and children most in need.

The problems present in disadvantaged locations are also often complex and interrelated. Governments, non-government organisations and communities are increasingly looking to more localised place-based approaches to collectively respond to local problems and improve social, educational and economic outcomes for families and children.[xliv]

Principle 3: Data and Evidence Driven

There is increasing interest in ensuring that programs are supported by evidence on what works to improve outcomes for families and children in Australia. Effective outcomes measurement is vital to ensure that families and children are safe and well, ready to learn and are resilient.

Funding under the FaC Activity is currently centred on outputs, such as the number of clients a service sees, and inputs, such as the resources needed to deliver a service or program. Although outputs are simpler to report they do not give us a full understanding of whether services are achieving intended results. Shifting towards a focus of measuring outcomes will allow government and service providers to assess whether services have improved the lives of families and children.

In 2014, the DSS New Way of Working with Grants reforms began this process, when it introduced some significant changes to help organisations develop quality programs based on clear outcomes and effective use of data and evidence. These reforms included the introduction of the DSS Data Exchange, establishing the FaC Expert Panel (and Industry List) and evidence-based program requirements for the CfC FP program. These reforms sought to help organisations plan and implement programs informed by evidence, measure outcomes and conduct evaluations.

The Commonwealth Government is keen to continue building on successful elements of these programs, by further promoting and scaling-up of practices that are known to improve outcomes for families and children, and by increasing the uptake and quality of standardised data reporting through the Data Exchange. By making better use of the evidence we have, we can continue to improve services and outcomes for vulnerable families and children.

However, DSS recognises that outcomes measurement is challenging. In order to effectively measure outcomes, we will need to clearly identify short, medium and long-term outcomes, as well as progress indicators, which are achievable within a funding cycle.

FaC Expert Panel

The FaC Expert Panel project is funded to support service providers to plan and implement programs, measure outcomes and conduct evaluations. The Australian Institute of Family Studies (AIFS) manages the Expert Panel project on behalf of the Department. AIFS provides capacity building support to service providers to improve program planning, measurement of outcomes and their understanding of evaluation, as well as undertaking special projects.

FaC Activity service providers identified further capability strengthening priorities through a survey in August 2017. AIFS is considering additional projects and tools needed to continue to build capability in the areas identified.

CfC FP Evidence-Based Program Requirement

As part of new grants provided in 2014, CfC FPs were required to increase their use of evidence-based programs. From 1 July 2015, CfC FPs were required to use 30 per cent of the funding they allocated to direct service delivery to purchase evidence-based programs, rising to 50 per cent from 1 July 2017. CfC FPs can meet the requirement by choosing to implement a program from the Guidebook created by the Child Family Community Australia (CFCA) Information Exchange that includes relatively rigorously evaluated programs. Alternatively, CfC FPs can submit other programs to CFCA to assess whether they meet minimum standards of a quality program and can be included in the 50 per cent requirement.

Partnership Approach

The Data Exchange Framework was also implemented as part of the New Way of Working with Grants in 2014. The Data Exchange Framework outlined a new approach to collecting program data in grant agreements with a focus on two way data sharing.[xlv] All services engaging directly with clients were required to report on a set of mandatory priority requirements outlining the client's demographics, the service data for the client and consent to participate in follow-up research and evaluation.

Service providers can also elect to collect additional data items under a Partnership Approach relating to a client's needs, circumstances and outcomes. Service providers electing to opt-in would receive additional and tailored Partnership Approach reports about their service coverage area and client outcomes.

There has been mixed feedback from the sector in relation to the introduction of the Data Exchange, in part due to the changes required for existing systems, staff processes and training, and delays in the release of new reports.[xlvi] However, the Data Exchange has informed the Department on what services are being delivered and enabled DSS staff to have conversations with service providers on barriers to access and service delivery trends. There has also been interest in the Data Exchange from state and territory governments, with Tasmania and New South Wales exploring how shared data collection can lead to better outcomes for families and communities.

Given the proposed focus of family and children services on delivering outcomes, DSS is proposing to mandate the Partnership Approach for service providers. This would enable the Department and service providers to have ongoing conversations about what is and isn't working for clients, enabling us to embark on a continuous improvement process to ensure that outcomes are improving.

Principle 4: Early Intervention and Prevention

There is clear and persuasive evidence that prevention and early intervention to support positive child and family outcomes is more effective and cost effective than remedial responses.[xlvii] Nobel prize-winning economist James Heckman argues that interventions early in the life cycle of disadvantaged children are less costly and have much higher economic returns than later interventions such as reduced student-teacher ratios, public job training programs, prisoner rehabilitation programs, adult literacy programs, tuition subsidies, or expenditure on policy.[xlviii] Similarly, Kilburn and Karoly argue that longitudinal studies of effective interventions find that the personal benefits (cognitive development, behaviour and social competence, educational attainment, earnings), social benefits (reduced delinquency and crime), and government savings (higher tax revenues, reduced social welfare spending), associated with intervening early in a child's life clearly outweigh the costs.[xlix]

Services need to intervene early where and when a problem is identified and be able to match the needs of the family and children. However, feedback from service providers indicates that the immediate needs of a family in crisis often takes precedence over early intervention and prevention activities that might stop many families from entering crisis. A recent survey of the FaRS workforce highlights the need for more resources to be allocated towards early intervention and prevention.[l]

DSS is committed to funding early intervention and prevention services. DSS is not alone in recognising the benefit of early intervention and prevention with some states and territories also implementing programs with a similar focus for families and children. For example, New South Wales is implementing a Targeted Earlier Intervention Program to support families and children to transition to more positive pathways in life.[li] Ensuring that families and children are safe and well, ready to learn and are strong and resilient will require all of us to act early to prevent a problem or to stop it escalating.

Principle 5: Collaborative

The need for collaborative and joint efforts to intervene early with families and children has been a key theme of multiple policies, reviews and engagement processes undertaken over the last 20 years (see **Attachment B**). This principle relates not only to how services are designed (requiring collaboration between government, service providers, communities and families), but also to how services are delivered (requiring ongoing collaboration between service providers).

Collaboration is a key feature of the IGP, which requires services to be designed with Aboriginal and Torres Strait Islander people. This could include collaboration with local organisations delivering services and recipients of those services. It is also vital for the design of place-based services, to understand the lived experience of families and children in context of the challenges and opportunities of the location they live in.[lii]
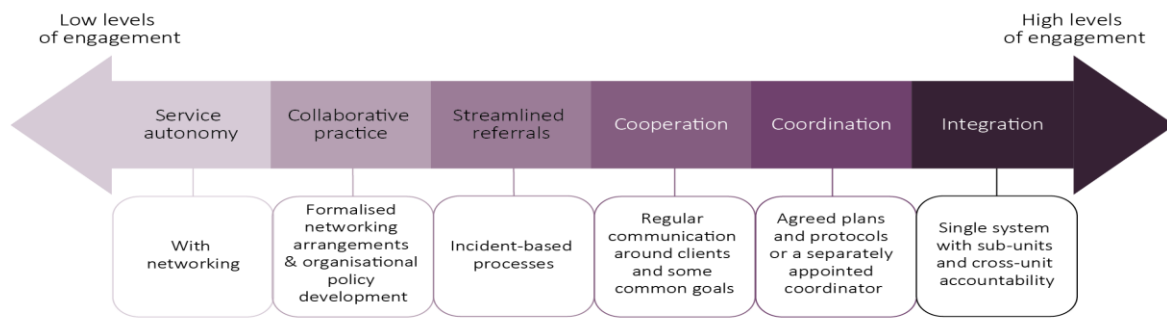
By working with people to design services we can ensure that the outcomes sought, and the approach of the service, is relevant to them. Research and evidence will inform but cannot take the place of involving families and children in the design of services.[liii] Poorly designed services that don't engage collaboratively with the families and children they are seeking to support may in fact create barriers to accessing these very services.

This frequently occurs with services that are designed for, instead of with, Aboriginal and Torres Strait Islander families and children. The complex system of kinship, culture and society is fundamental to the health and wellbeing for Indigenous families and a source of strength and resilience for many.[liv] Cultural views of health and wellbeing, and the importance of family need to be understood when working with Indigenous families. For Aboriginal and Torres Strait Islander people, health represents a holistic concept of wellbeing, not simply an absence of illness. Disability is also viewed differently. Despite Aboriginal and Torres Strait Islander people being 1.8 times more likely to have a disability compared to other Australians they don't have a word for disability[lv]. It's just part of who that person is. Services need to be responsive to cultural needs and have an understanding of a social model of health and wellbeing, recognising the broader social determinants impacting upon health outcomes for Aboriginal people. These principles are reflected in the IGP.

Collaboration is also an important part of service delivery. We know that many families and children who access FaC services have complex needs. Not all of these needs can be met by one service provider, and ensuring service providers have meaningful relationships with each other, and have effective referral mechanisms in place, is critical to ensuring all of the needs can be met.

The level of engagement between services, governments, communities, and families and children can range from low levels (characterised by service autonomy), medium levels with streamlined referrals or regular cooperation, through to high levels of coordination and integration across the system (see Figure 2).

Figure 2: Service Engagement Continuum

Service autonomy	Collaborative practice	Streamlined referrals	Cooperation	Coordination	Integration
With networking	Formalised networking arrangements & organisational policy development	Incident-based processes	Regular communication around clients and some common goals	Agreed plans and protocols or a separately appointed coordinator	Single system with sub-units and cross-unit accountability

Low levels of engagement → High levels of engagement

Not all levels of engagement will be appropriate for all services. However, moving from low levels of engagement to higher levels of engagement can have significant benefit for families and children receiving services. Research clearly demonstrates that for families experiencing complex and intersecting needs a holistic and integrated response is more effective at improving outcomes.

Attachment A – Glossary of Acronyms

CaPS	Children and Parenting Support
CFCA	Child Family Community Australia information exchange
CfC FP	Communities for Children Facilitating Partners
DSS	Department of Social Services
FaC	Family and Children Activity
FAMS	Funding Arrangement Managers
FaRS	Family and Relationship Services
HIPPY	Home Interaction Program for Parents and Youngsters
IFSS	Intensive Family Support Service
IGP	Indigenous Grants Policy
VADCAS	Vulnerable and Disadvantaged Client Access Strategy

Attachment B

Key Policy Decisions & Issues

Closing the Gap 2008

Closing the Gap aims to improve the lives of Aboriginal and Torres Strait Islander Australians. In 2008, the Council of Australian Governments (COAG) set targets aimed at eliminating the gap in outcomes between Indigenous and non-Indigenous Australians.

In 2018, four of the seven targets will expire. Commonwealth, state and territory governments have agreed to work together with Aboriginal and Torres Strait Islander leaders, organisations, communities and families on a refreshed agenda and renewed targets (Closing the Gap Refresh). This engagement is currently underway.

National Framework for Protecting Australia's Children 2009 - 2020

The National Framework outlines an ambitious, long-term national approach to ensuring the safety and well-being of Australia's children. It aims to deliver a substantial and sustained reduction in levels of child abuse and neglect over time. The National Framework is being implemented through a series of three-year action plans.

The Third Action Plan focuses on

1. early intervention, with a focus on the early years — particularly the first 1000 days for a child,
2. helping young people in out-of-home care to thrive in adulthood, and
3. organisations responding better to children and young people to keep them safe.

The Fourth Action Plan is anticipated to be agreed by COAG in 2018.

National Plan to Reduce Violence against Women and their Children 2010 - 2022

The National Plan focuses on stopping violence before it happens in the first place, supporting women who have experienced violence, stopping men from committing violence, and building the evidence base so that we learn more about 'what works' in reducing domestic and family violence and sexual assault.

The Third Action Plan of the National Plan outlines 36 practical actions within the following six national priority areas, to be undertaken over the next three years:

- National Priority Area 1: Prevention and early intervention
- National Priority Area 2: Aboriginal and Torres Strait Islander women and their children
- National Priority Area 3: Greater support and choice, including for CALD and women and children with disability
- National Priority Area 4: Sexual violence
- National Priority Area 5: Responding to children living with violence
- National Priority Area 6: Keeping perpetrators accountable across all systems

The Fourth Action Plan is currently being developed with stakeholders.

National Disability Strategy 2010-2020

The National Disability Strategy sets out a ten year national plan for improving life for Australians with disability, their families and carers. The purpose of the Strategy is to establish a high level policy framework to give coherence to, and guide government activity across mainstream and disability-specific areas of public policy, drive improved performance of services in delivering outcomes for people with disability, ensure that disability issues are included in the development and implementation of all public policy that impacts on people with disability, and provide national leadership toward greater inclusion of people with disability.

The Strategy covers six policy areas:

- Inclusive and accessible communities: the physical environment including public transport; parks, buildings and housing; digital information and communications technologies; civic life including social, sporting, recreational and cultural life.

- Rights protection, justice and legislation: statutory protections such as anti-discrimination measures, complaints mechanisms, advocacy, the electoral and justice systems.

- Economic security: jobs, business opportunities, financial independence, adequate income support for those not able to work, and housing.

- Personal and community support: inclusion and participation in the community, person-centred care and support provided by specialist disability services and mainstream services; informal care and support.

- Learning and skills: early childhood education and care, schools, further education, vocational education; transitions from education to employment; life-long learning.

- Health and wellbeing: health services, health promotion and the interaction between health and disability systems; wellbeing and enjoyment of life.

A New Way of Working with Grants 2014

In 2014, DSS implemented a New Way of Working with Grants that streamlined multiple grants into seven grant programs aimed at enhancing service delivery and providing greater freedom for service providers. The 2014 funding round included a mix of open, direct and restricted selection processes.[lvi]

The New Way of Working with Grants introduced:

- longer term grant agreements where appropriate, to offer certainty in service delivery,

- a move towards a single grant agreement for each provider to reduce administrative burden,

- a streamlined approach to program performance reporting (through the Data Exchange), and

- simplified financial acquittal reporting to cut down on administrative costs for providers.

The Redfern Statement 2016

The [Redfern Statement](#) called for Government action to ensure that Aboriginal and Torres Strait Islander people have a genuine say in their own lives and the decisions that affect their people and community. Actions called for in the Redfern Statement include:

- committing to resource Aboriginal and Torres Strait Islander led-solutions,

- committing to better engagement with Aboriginal and Torres Strait Islander peoples through their representative national peaks,

- recommit to Closing the Gap in this generation, by and in partnership with COAG and Aboriginal and Torres Strait Islander people,

- committing to working with Aboriginal and Torres Strait Islander leaders to establish a Department of Aboriginal and Torres Strait Islander Affairs in the future, and

- committing to addressing the unfinished business of reconciliation.

DSS Getting Better Outcomes 2017

DSS commissions services in order to achieve better outcomes for people, communities and society as a whole; based on understanding their needs, wants, aspirations, environment and experience. Getting Better Outcomes (previously known as Commissioning for Better Outcomes) encourages us to embed more consultative approaches at every stage - balancing contributions from government, providers, communities and others to improve outcomes.

Getting Better Outcomes addresses the differing needs of people and families and occurs in many ways: at strategic or operational levels; in targeted locations; or across jurisdictions. Regardless, the focus is better outcomes rather than simply procuring or purchasing services.

The Indigenous Grants Policy 2016

Through the [IGP](#), the Government aims to increase the involvement of Indigenous people in the grant funded services and programs that are intended to benefit them. The aim is to increase the number of local Aboriginal or Torres Strait Islander owned and controlled organisations that deliver services. Organisations will still need to demonstrate value for money and that they have the skills and expertise to deliver those services.

Where non-Indigenous organisations are funded to provide services, they will be required to employ local Aboriginal or Torres Strait Islander people and include local Indigenous businesses in their supply chains.

The IGP will be trialled across three participating agencies; the lead agency, the Department of the Prime Minister and Cabinet, DSS and the Department of Communication and the Arts. The trial is due to commence from 1 July 2018.

Key Reviews & Inquiries

Royal Commission into the Protection and Detention of Children in the Northern Territory 2017

The Royal Commission released its report in November 2017. It found that despite the numerous early support programs and services offered in the Northern Territory by the Northern Territory Government, the Commonwealth and non-government organisations, services remain uncoordinated resulting in:

- gross inefficiencies and waste,

- disjointed services,

- less effective at achieving a long lasting benefit, and

- lower uptake and trust of the services offered.[lvii]

DSS is leading the Commonwealth's response to the recommendations made by the Royal Commission.

Royal Commission into Institutional Responses to Child Sexual Abuse 2013-2017

The Royal Commission was established in 2013 to investigate how organisations in Australia have managed and responded to allegations and instances of child sexual abuse. As part of its work, the Royal Commission has also established a program of research to identify causes of sexual abuse and practices that successfully prevent or respond to it. The final report, tabled in December 2017, contains 189 new recommendations for Government and non-Government institutions. Together with the three reports released previously, Commissioners made a total of 409 recommendations around preventing child sexual abuse within institutions into the future.

The Attorney-General's Department established a Taskforce to coordinate the Commonwealth Government's response. The Government will provide its response to the Royal Commission in June 2018.

Productivity Commission Report into Human Services 2018

The Productivity Commission's report 'Introducing Competition and Informed User Choice into Human Services: Reforms to Human Services' found that family and community services are not delivering the best possible outcomes for the people who use them. Poor coordination between and within governments, gaps and duplication in service provision and barriers to accessing services was highlighted by the report.

Short-term contracts with excessively prescriptive conditions was seen as a barriers to prevent service providers from planning ahead, innovating and investing in their workforce. Planning the system of services, selecting providers on behalf of users and ensuring that users are at the centre of service provision were recommended for family and community services. [lviii]

Key Engagement Processes

The Prime Minister's Community Business Partnership: First 1,000 Days of Life Working Group

In April 2017, the Prime Minister asked his [Community Business Partnership](#) to advise him on practical strategies to bring together, and better leverage, Government, philanthropic and corporate investment, with a particular focus on addressing the needs of children in their first 1,000 days of life. In response, Partnership member Nicola Forrest convened the 'First 1,000 days of Life' Working Group and consulted stakeholders and experts to support its recommendations to Government. The Working Group recommended strategies to promote cross-sector partnerships. It also found that the rationale for early investment in children was broadly accepted by community leaders, policy makers and service providers and that place-based approaches to service delivery can be an effective way to improve outcomes, while noting some of the difficulties in implementing place-based approaches at scale.

Social and Cultural Determinants of Indigenous Health 2017

Between March and May 2017, the Department of Health led a consultation process to inform the development of the 2018 iteration of the Implementation plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023. Four themes were identified:

- Culture is central to Aboriginal and Torres Strait Islander wellbeing and needs to be embraced and embedded across a range of Aboriginal and Torres Strait Islander and mainstream services—both as a protector and enabler of health and wellbeing.

- Racism within health and other systems must be addressed to remove barriers to better outcomes in health, education and employment.

- The impacts of trauma across generations of Aboriginal and Torres Strait Islander people must be acknowledged and addressed.

- Governments need to support long-term, coordinated, placed-based approaches that honour community priorities and embed participation.

Roundtables on improving outcomes for Aboriginal and Torres Strait Islander Families and Children under the FaC Activity 2017

In late 2017, DSS held a number of roundtables across Australia to identify barriers and opportunities to improve outcomes for Aboriginal and Torres Strait Islander families and children under the FaC Activity. Stakeholders identified the following as being key barriers to families and children programs for Indigenous families:

- current programs are spread thinly and may not be sufficiently targeted to members of Indigenous communities in particularly vulnerable circumstances,

- current programs may lack flexibility to promote or tailor programs for an Indigenous context, meaning that for many Indigenous people access to, and experience of, mainstream programs do not provide them with the support they require to thrive,

- many Indigenous parents fear participation in families and children programs will place them and their child under scrutiny and at risk of having their child removed,

- there are not enough Indigenous organisations delivering programs to Indigenous families and children and some non-Indigenous organisations can lack cultural competency to deliver culturally accessible and responsive services,

- a sense that all governments may have sometimes been unwilling to devolve responsibility or partner with communities to determine solutions, and

- the duration of funding agreements can be too short to build trusting relationships with Indigenous communities and families, and to realise real and lasting change.

Stakeholders identified the following opportunities for enhancing families and children programs for Indigenous families:

- involving the community and Indigenous leaders in the design and delivery of programs to better harness Indigenous cultural and community strengths,

- fostering collaboration and information sharing among service providers to create a joined-up system and strengthen referral pathways,

- directing more funding to Indigenous organisations to deliver mainstream programs,

- increasing the flexibility and duration of funding agreements (i.e. up to 10 years) to build enduring and trusting relationships with Indigenous communities and families, and to realise real and lasting change,

- recruiting and retaining more Indigenous staff, and provide mentoring and training for existing Indigenous staff, and

- building the capacity of non-Indigenous organisations to be culturally competent and to partner with Indigenous organisations in designing and delivering programs.

References

i AEDC (2017) *Emerging Trends* accessed from: *http://www.aedc.gov.au/parents/findings-from-the-aedc*

ii CFCA Resource Sheet (2017) *Children in Care*, Australian Institute of Family Studies

iii ABS (2015) *Survey of Disability, Ageing and Carers*, Canberra, Commonwealth of Australia

iv ABS (2012) *Australian Social Trends,* Commonwealth of Australia accessed at: http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Main+Features30Jun+2012

v ABS (2017) *Personal Safety Survey 2016*, Canberra, Commonwealth of Australia

vi ABS (2017) *Personal Safety Survey 2016*, Canberra, Commonwealth of Australia

vii ABS (2017) *Personal Safety Survey 2016*, Canberra, Commonwealth of Australia

viii Commonwealth of Australia (2016) *National Plan to Reduce Violence against Women and their Children: Third Action Plan 2016-2019*, Commonwealth of Australia accessed at: https://www.dss.gov.au/sites/default/files/documents/10_2016/fact_sheet_on_how_the_third_action_plan_supports_women_with_disability.pdf

ix Department of Prime Minister and Cabinet (2018) *Closing the Gap Report 2018*, Canberra, Commonwealth of Australia

x Department of Prime Minister and Cabinet (2018) *Closing the Gap Report 2018*, Canberra, Commonwealth of Australia

xi AIHW (2015) *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander People 2015*, Canberra, AIHW

xii AIFS, Walker, R., and Shepherd, C. (2008) *Strengthening Aboriginal Family Functioning: What Works and Why?*, AFRC Briefing No.7 accessed at: https://aifs.gov.au/cfca/publications/strengthening-aboriginal-family-functioning-what-works-and; Bronfenbrenner, U. (1979) *The Ecology of Human Development: Experiments by Nature and Design*, Cambridge, Mass, Harvard University Press; and AIFS (2013) *Risk and Protective Factors for Child Abuse and Neglect*, CFCA Resource Sheet, March 2013

xiii Bromfield et al (2010) *Issues for the safety and wellbeing of children in families with multiple and complex problems: the co-occurrence of domestic violence, parental substance misuse, and mental health problems*, Melbourne, AIFS; and AIFS and Sety, M (2011) *The impact of domestic violence on children: a literature review / report*, Sydney, The Australian Domestic & Family Violence Clearinghouse

xiv Cashmore, J and Shackel, R (2013) *The long-term effects of child sexual abuse*, CFCA accessed at: https://aifs.gov.au/cfca/publications/long-term-effects-child-sexual-abuse

xv Cobb-Clark, D and Zhu, A (2017) Childhood homelessness and adult employment: the role of education, incarceration, and welfare receipt, *Journal of Population Economics* 30 (3), 893-924

xvi McCain, M. Mustard, F. and Shankar, S. (2007) *Early years Study 2: Putting Science into Action,* Toronto, Council for Early Child Development

xvii Commonwealth of Australia (2016) *National Plan to Reduce Violence against Women and their Children: Third Action Plan 2016-2019: Women with disability*, Commonwealth of Australia accessed at: https://www.dss.gov.au/sites/default/files/documents/10_2016/fact_sheet_on_how_the_third_action_plan_supports_women_with_disability.pdf

xviii Suhrcke, M. and Nieves, C. (2011) *The impact of health and health behaviours on educational outcomes in high-income countries: a review of the evidence* accessed at: http://www.euro.who.int/en/publications/abstracts/impact-of-health-and-health-behaviours-on-educational-outcomes-in-high-income-countries-the-a-review-of-the-evidence

xix Evans, G. and Kim, P. (2013) Childhood Poverty, Chronic Stress, Self-regulation, and Coping, *Child Development Perspectives* v.7 i1; McEwen, BS. (2012) Brain on stress: how the social environment gets under the skin, *Proceedings of the National Academy of Science USA*; and Seeman et al (2010) Modeling multisystem biological risk in young adults: The Coronary Artery Risk Development in Young Adults Study, *American Journal of Human Biology,* 22(4): 463-72

xx ABS (2016) *Personal Safety Survey 2016,* Commonwealth of Australia accessed at: http://www.abs.gov.au/ausstats/abs@.nsf/mf/4906.0

xxi Kaspiew et al (2011) The AIFS Evaluation of the 2006 family law reforms, *Family Matters* ed. 86

xxii O'Leary, P., Koh, E. and Dare, A. (2017)*, Grooming and child sexual abuse in institutional contexts,* Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney

xxiii Felitti et al; (1998) Relationship of child abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study, *American Journal of Preventative Medicine,* 14(4): 245-58

xxiv Lonn, M. and Dantzler, J. (2017) A practical approach to Counseling Refugees: Applying Maslow's Hierarchy of Needs, *Journal of Counselor Practice,* Vol. 8 Issue 2, p61-83. 23p.

xxv Centre on the Developing Child (2010) *The Foundations of Lifelong Health Are Built in Early Childhood* accessed from: www.developingchild.harvard.edu; Shonkoff, J. and Garner, A. (2012) The Lifelong Effects of Early Childhood Adversity and Toxic Stress, *American Academy of Pediatrics,* v129 i1.

xxvi McLachlan et al (2013) Deep and Persistent Disadvantage in Australia, *Productivity Commission Staff Working Paper*, Melbourne, Commonwealth of Australia.

xxvii Cuha et al (2006) Interpreting the Evidence on Life Cycle Skill Formation, Hanushek, E. and Welch, F. (Eds.) *Handbook of the Economics of Education* (Chapter 12), Science Direct; Field, F. (2010) *The Foundation Years: preventing poor children becoming poor adults*, United Kingdom, HM Government.

xxviii Walker, R. and Shepherd, C. (2008) Strengthening Aboriginal family functioning: What works and why?, *AFRC Briefing No. 7*, AIFS accessed from https://aifs.gov.au/cfca/publications/strengthening-aboriginal-family-functioning-what-works-and

xxix Paterson, C. (2011) *Parenting matters: early years and social mobility*, CentreForum

xxx Ministerial Council for Education, Early Childhood Development and Youth Affairs (2010) *Engaging Families in the Early Childhood Development Story,* South Australia, Department of Education and Children's Services.

xxxi Cobb-Clark, D., Salamanca, N. and Zhu, A. (2016) Parenting Style as an Investment in Human Development, *Conference of the European Association of Labour Economics,* Belgium 15-17 September

xxxii Wise et al (2005) *The efficacy of early childhood interventions*, Melbourne, AIFS; and Shonkoff, J.P. and Phillips, D.A. (eds) (2000), *From neurons to neighbourhoods: The science of early childhood development*, Committee on Integrating the Science of Early Childhood Development, National Research Council and Institute of Medicine, National Academy Press, Washington DC, USA.

xxxiii Higgins, D.J. (2015) A public health approach to enhancing safe and supportive family environments for children, *Family Matters No. 96*, Australian Institute of Family Studies.

xxxiv Barnett, W. (2006) *Services for young children and families: an integrated approach* accessed from: https://www.rch.org.au/uploadedFiles/Main/Content/ccch/PB4_Children-family_services.pdf

xxxv Fox et al (2015) *Better Systems, better chances: A review of research and practice for prevention and early intervention*, ARACY

xxxvi Cortis, N., Katz, I. and Patulny R. (2009) Engaging hard-to-reach families and children, *FaHCSIA Occasional Paper* No. 26

xxxvii Australian Health Minister's Advisory Council (2015) *Healthy, Safe and Thriving: National Strategic Framework for Child and Youth Health*, COAG Health Council

xxxviii Fox et al (2015) *Better Systems, better chances: A review of research and practice for prevention and early intervention*, ARACY

xxxix ABS (2016) *Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia 2016* accessed from: http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/2033.0.55.001~2016~Media%20Release~Census%20shows%20our%20most%20advantaged%20&%20disadvantaged%20areas%20(Media%20Release)~25

xl Smerdon, X. (2015) *Collective Impacts $1m Search finds Burnie* accessed from: https://probonoaustralia.com.au/news/2015/03/collective-impacts-1m-search-finds-burnie/

xli FRSA (2012) *Vulnerable and Disadvantaged Client Strategy Report 2012,* Canberra, FRSA

xlii Pawson, H., Davison, G. and Wiesal, I (2012) *Addressing concentrations of disadvantage: policy, practice and literature review,* Melbourne, AHURI

xliii Byron, I. (2010) Place-based approaches to addressing disadvantage, *Family Matters* no. 84

[xliv] Ware, V.A., Gronda, H. and Vitis, L. (2010), *Addressing locational disadvantage effectively*, AHURI; and Byron I (2010) Place-based approaches to addressing disadvantage *Family Matters* no 84.

[xlv] Department of Social Services (2014) *The DSS Data Exchange Framework: A new approach for streamlined programme performance reporting,* Commonwealth of Australia

[xlvi] Families Australia (2018) DEX Survey

[xlvii] Fox et al (2015) *Better Systems, better chances: A review of research and practice for prevention and early intervention*, ARACY

[xlviii] Heckman, J (2008) Schools, skills and synapses*, Economic Inquiry* v46 i3

[xlix] Kilburn, R. and Karoly, L. (2008) *The Economics of Early Childhood Policy: What the Dismal Science Has to Say About Investing in Children,* Santa Monica, RAND Corporation

[l] AIFS (2018) *Initial findings from the FaRS/SFVS survey,* AIFS

[li] New South Wales Family and Community Services (2018) *Targeted Earlier Intervention program reform (TEI)* accessed from: https://www.facs.nsw.gov.au/about/reforms/children-families/TEI

[lii] Western Australia Department of Child Protection and Family Services (2016) *Earlier Intervention and Family Support Strategy* accessed from: https://www.dcp.wa.gov.au/Resources/Documents/Earlier%20Intervention%20and%20Family%20Support%20Strategy%20-%20Discussion%20Paper.pdf

[liii] Clarkson, M. (2015) *Commission on the Future Delivery of Public Services,* Scotland, Crown Publishing

[liv] Department of Health (2016) *National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families,* COAG Health Council

[lv] AbSec (2016) *Supporting Aboriginal People with Disability* accessed from: https://www.absec.org.au/supporting-aboriginal-people-with-disability.html; and ABS (2015) *Disability, Ageing and Carers, Australia: Summary of Findings, 2015* accessed from: http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4430.0Main+Features802015?OpenDocument

[lvi] Australian Government (2015) *Response to the Senate Community Affairs References Committee Report: Impact on service quality, efficiency and sustainability of recent Commonwealth community service tendering process by the Department of Social Services,* Commonwealth of Australia

[lvii] Royal Commission into the Protection and Detention of Children in the Northern Territory (2017) *Report of the Royal Commission into the Protection and Detention of Children in the Northern Territory,* Commonwealth of Australia

[lviii] Productivity Commission (2017) *Introducing Competition and Informed User Choice into Human Services: Reforms to Human Services*, Commonwealth of Australia