



Australian Government  
Department of Social Services

# Stronger Outcomes for Families

Discussion Paper June 2018

DSS D18/513986



## How to read this discussion paper

This discussion paper is designed to be read in conjunction with the Stronger Outcomes for Families background paper. The background paper provides information, evidence and data relating to outcomes for Australian families and children, the Families and Children (FaC) Activity and previous engagement processes.

The discussion paper provides an overview of key principles, poses a series of questions and provides some ideas for feedback. Please feel free to add additional ideas, or provide broader feedback, in your response.

## Purpose

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 discussion paper:

- Communities for Children Facilitating Partners
- Family and Relationship Services
- Children and Parenting Support
- Intensive Family Support Service, and
- the Home Interaction Program for Parents and Youngsters.<sup>1</sup>

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. Examples of these services include counselling, supported playgroups, relationship education, parenting programs, peer support groups, school readiness programs, home visiting, child and youth focus groups, dispute resolution and outreach.

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. This is not about reducing our investment in families but rather talking with the sector, academia and families to ensure that our investment is as effective as possible.

We are committed to making sure that family services are designed in collaboration with service providers, academics, state and territory governments, and families and children. DSS wants to be clear that the ideas proposed in this discussion paper are ideas to test only and do not represent DSS' final policy position. This process is the beginning of our engagement. We anticipate continuing discussions over the coming years.

## The Engagement Process

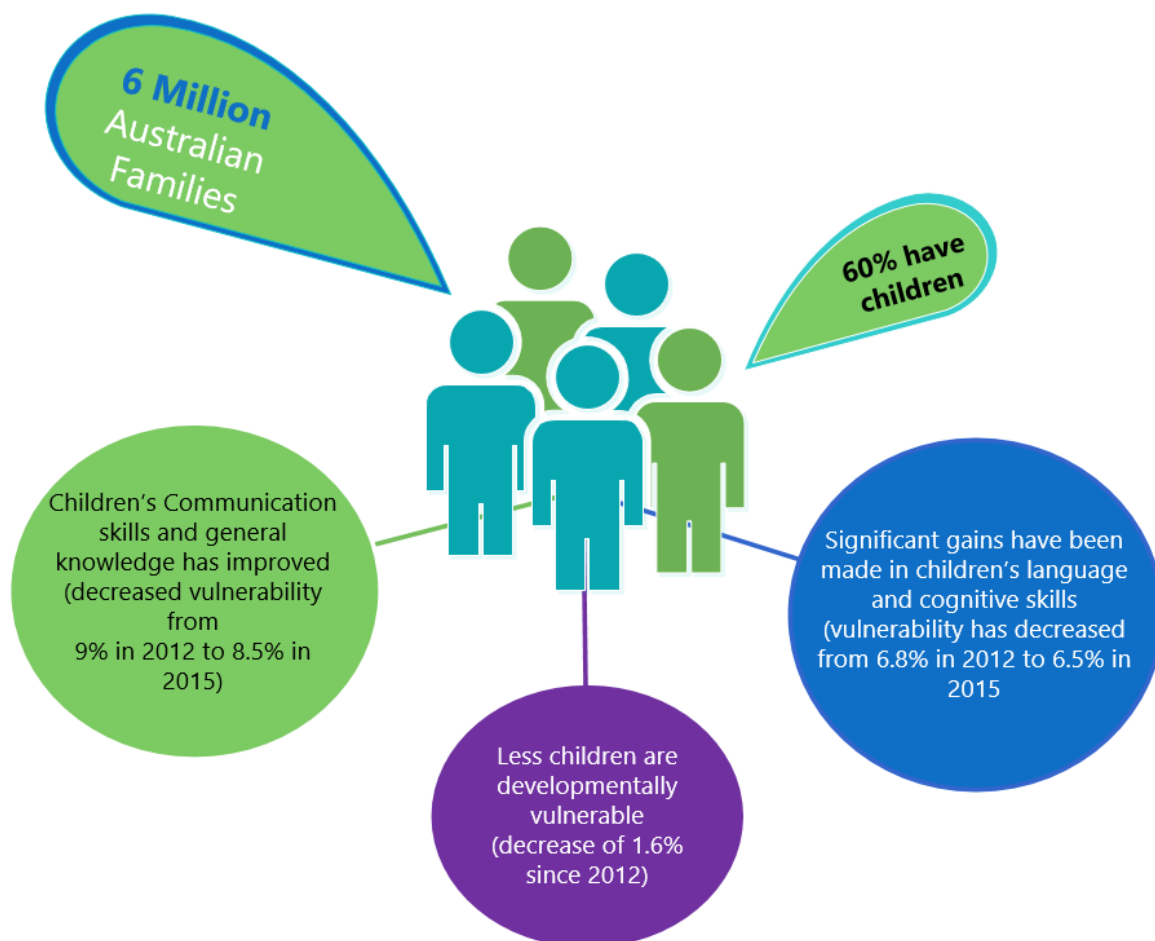
This discussion paper will be available to view and respond to on the DSS Engage website from 5 July 2018 to 15 August 2018. Text boxes will be available for your input in the relevant section of the discussion paper.

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<sup>1</sup> Adult Specialist Support Services and Reconnect are not in-scope for this discussion paper given their focus on adults and youth homelessness.

## Context

Families are a vital component of Australian society and we all have a responsibility to support them. An investment into families and children is an investment into well-functioning productive members of society. Sixty per cent of Australia's six million families have children. These children are our future teachers, tradespeople, police officers, leaders and parents. The skills and behaviours that families teach children stay with them throughout their lives and are often taught to their own children.



Improving outcomes for families and children has been a focus for government for many years, and we are making progress. For example, Australian children have made some significant gains in key early childhood development outcomes. However, these improvements have not been realised equally among all Australian families and children.

Aboriginal and Torres Strait Islander families and children, in particular, continue to experience poorer outcomes due to factors associated with colonisation and past child removal policies as well as socio-economic disadvantage.

**60,300** women who experienced **violence** by a current partner and **92,200** from a previous partner since the age of 15 reported children hearing or seeing violence

**47,900** Australian children and young people live in out of home care

**1 in 32** children received **child protection services**

**3,000** children under the age of 14 are taken **before courts** each year

**1 in 466** young people are under **youth justice supervision**

**1 in 5** children are **developmentally vulnerable** when starting school



**Aboriginal and Torres Strait Islander families and children continue to experience poorer outcomes than other families and children in Australia**

Aboriginal and Torres Strait Islander women are **32 times more likely** to be hospitalised due to **family violence related assaults**

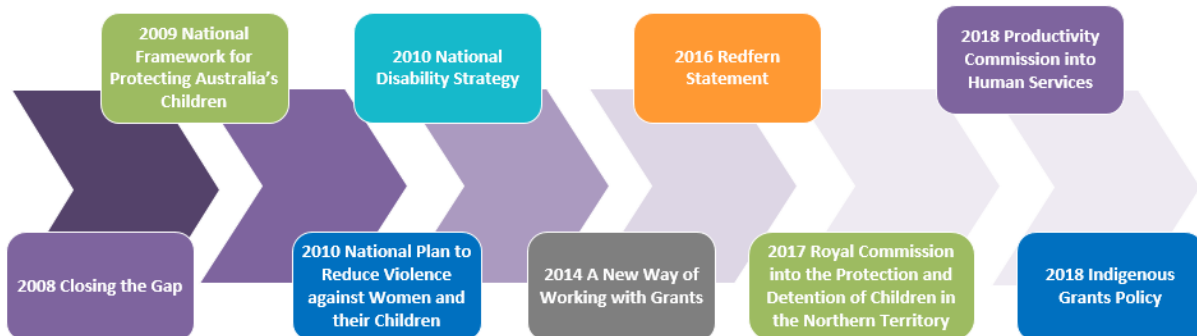
Twice as likely to be developmentally vulnerable in **health and wellbeing**, social competence communication and emotional maturity

**24 times more likely** to be in juvenile detention

4 times more likely to be **developmentally vulnerable** in language and cognitive skills

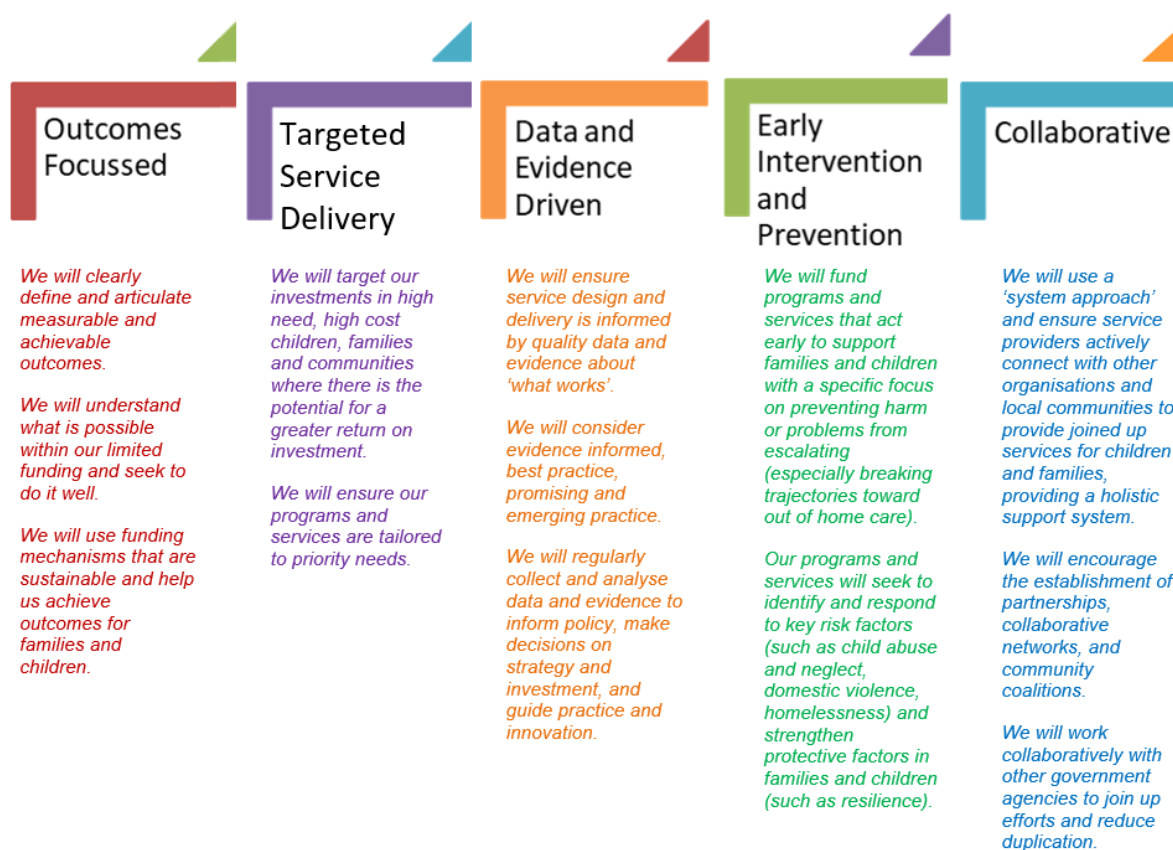
**7 times** more likely to be in **out of home care**

By working together we can improve these outcomes. A number of strategies, reviews and policies have stressed the need for coordinated and collective effort. A timeline of key policy decisions and reviews impacting the FaC Activity is outlined below.



# Principles

DSS proposes the following principles underpin the future design of programs for families and children across Australia. The proposed principles would guide and shape future decisions relating to family programs and services. Detailed information about the principles can be found in the background paper.

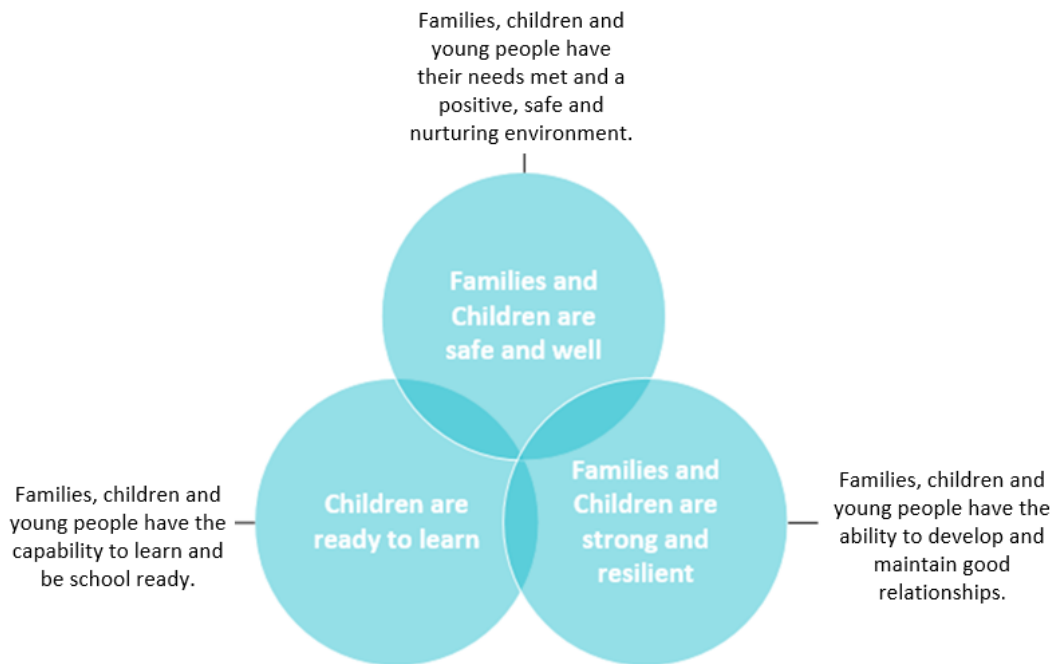


## Principle 1: Outcomes Focussed

Following an evidence review, DSS has identified three overarching long-term outcomes that are vital for all families and children. We recognise that these are not the only important outcomes for families and children. We also recognise that achieving these outcomes requires collaboration and coordinated effort across sectors, governments and communities. No one person or group is, or can be, responsible for these outcomes, rather we all contribute to their achievement.

The three outcomes proposed are:

- **Families and children are safe and well:** families, children and young people have their needs met and a positive, safe and nurturing environment,
- **Families and children are strong and resilient:** families, children and young people have the ability to develop and maintain good relationships, and
- **Children are ready to learn:** families, children and young people have the capability to learn and be school ready.




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*Do these three outcomes encompass the most important outcomes for families and children that you see? Why/Why not?*

*Do the outcomes in your service or organisation align to the ones proposed?*

*How long would it take for you to adjust your services to achieve these outcomes?*

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## Funding

DSS is committed to ensuring that its funding supports service providers to be outcomes focussed. Many organisations currently receive funding under multiple FaC Activity programs. This programmatic approach results in an additional reporting burden for service providers and splitting services offered to families along reporting lines, as opposed to delivering a coordinated service based on the needs of the family.

Ideally, DSS would like support for families and children to be provided based on their needs, to help them move towards achieving the proposed outcomes. For example, 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.

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*What do you think about splitting funding based on needs?*

*Do you think the three proposed streams are the best way to achieve this? Do you have a different idea for how funding could be split?*

*If you are a service provider, would the three streams proposed above provide sufficient scope for you to provide services to families and children in the community/communities that you operate in? Why/why not?*

*If you are a service provider, how long would it take you to adjust to a change in funding streams?*

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The processes we use to fund providers in future funding rounds will be determined following this consultation. We will seek to fund services in a way that supports DSS' Getting Better Outcomes policy approach by selecting the most appropriate funding mechanisms for achieving the outcomes agreed. Additionally, DSS is considering encouraging consortiums to apply for funding in order to support a coordinated and cohesive service for families and children.

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*If you are a service provider, what has been the easiest funding process for you to participate in? Why?*

*If you are a service provider, what has been the most difficult funding process for you to participate in? Why?*

*Would you support allowing consortiums to apply? If you are a service provider, what timeframe would you need to be able to apply in a consortium if you elected to?*

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## **Indigenous Grants Policy**

DSS is committed to working with Aboriginal and Torres Strait Islander stakeholders to improve outcomes for their families and children. Through the future delivery of its families and childrens programs, DSS will be trialling the implementation of the Government's Indigenous Grants Policy (IGP). Under the IGP, DSS will look to increase the involvement of local Aboriginal and Torres Strait Islander organisations and individuals in the delivery of services in communities with a significant number of Aboriginal and Torres Strait Islander families and children seeking to access services. It would also encourage service providers to develop collaborative and productive relationships with local Aboriginal and Torres Strait Islander organisations and families and children to ensure that services delivered are culturally safe and appropriate.



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*If you are an Aboriginal Community Controlled Organisation, what support do you need (if any) to be able to be competitive in a funding process and deliver services in your communities?*

*If you are a non-Aboriginal Community Controlled Organisation, what support would you need to build relationships with Aboriginal and Torres Strait Islanders in communities you service? How long would this take you?*

*If you already supply services to Aboriginal and Torres Strait Islander communities, what strategies do you have in place to transition funding to Aboriginal Community Controlled Organisations? How effective are these strategies?*

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## Principle 2: Targeted Service Delivery

### Cohorts

Across Australia there are groups of families and children that are at risk of experiencing poorer outcomes than other families and children. Examples include children and families experiencing domestic violence, child abuse or neglect, alcohol and drug abuse, separation, homelessness and financial disadvantage. Families and children who are Aboriginal and Torres Strait Islander or from Culturally and Linguistically Diverse backgrounds, or have disability or carer responsibilities are also at risk of experiencing poorer outcomes and difficulty in accessing appropriate services.

DSS is considering how we could implement a new access strategy that prioritises access to families and children who are at increased risk of poorer outcomes. However, DSS recognises that every community will be different and wants to ensure flexibility. 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 Funding Arrangement Manager. The ability to appropriately service clients who are at increased risk of poorer outcomes may be sought in the assessment of grant applications.

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*Which clients should priority be given to? (Select up to three cohorts)*

*How could we improve access to our services and improve outcomes for these clients?*

*If you are a service provider, how long would it take you to develop the partnerships, approaches and service delivery mechanisms needed to service these clients?*

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## Locations

The outcomes sought for families and children can be negatively impacted by the location they live in. Children living in disadvantaged neighbourhoods are more likely to be developmentally vulnerable than other children. Despite significant effort from all levels of government, service providers and communities, many locations remain disadvantaged.

The proposed place-based funding stream is designed to bring a collective and systematic approach to tackling locational disadvantage in order to improve outcomes for families and children. However, it requires local leadership, collaborative arrangements and a community appetite for change. Place-based approaches will be informed by both evidence and the needs of local families and children.

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*What, besides disadvantage, should we consider in identifying possible locations for a place-based approach?*

*Are there any communities that you think are ready for a place-based approach? Why? Select up to three.*

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## Principle 3: Data and Evidence Driven

### Evidence Informed Programs

There is increasing interest in ensuring that programs are based on evidence of what works to improve outcomes for families and children in Australia. DSS will be asking organisations to demonstrate that their services are supported by evidence when applying for future funding. There is significant debate occurring in the sector about what evidence ‘means’ in a service delivery context. For Communities for Children Facilitating Partners, DSS has mandated particular evidence requirements but we are keen to hear feedback about how evidence is best used moving forward.

This could include some or all of the following elements:

- providing a program logic or theory of change for how a service will improve the outcomes agreed upon for families and children, and/or
- delivering an “off-the-shelf” evidence-based program that has been rigorously evaluated previously; and/or
- providing other relevant evidence such as academic literature, evaluations or key data sources, and/or
- demonstrating an understanding of the clients and/or communities experience and needs using data and evidence and how this service will assist them.

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*What do you think is the minimum evidence that should be supplied to demonstrate that a service is supported by evidence while still enabling innovation?*

*If you are a service provider, how do you know that the program you are delivering is making a positive impact on outcomes for family/children?*

*If you are a service provider, would you be able to demonstrate that your services are supported by evidence? How long would it take for you to demonstrate this?*

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## Measuring Outcomes

Measuring outcomes is important as it can help government and the sector better understand what is working for who, where and why. DSS understands that in order to measure progress towards these outcomes both short-term and long-term indicators need to be developed. These indicators can't be developed until there is agreement to the outcomes that are being sought for families and children across Australia. As such, we do not propose any specific indicators in this discussion paper but would like to ask some questions about a proposed approach to developing the indicators.

DSS acknowledges that success will look different for communities and families across Australia. Standard and comparable indicators would be beneficial in determining what is working at improving outcomes for families and children universally. However, this may not fully encompass the complexity or current challenges experienced by some families and children in different communities.

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*What does success look like for families and children in your community and/or service? How do you measure this? What changes do you expect to see in the short, medium and long term?*

*Should there be consistent indicators and measures across Australia or should there be consistent indicators with different measures for different communities? Why?*

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Given the focus on outcomes, DSS is proposing mandating the Data Exchange Partnership Approach for all family and children services. Under this proposal all services would be required to report on client outcomes through the Data Exchange. This would enable us to monitor our progress towards outcomes across the life of a grant agreement. DSS encourages and supports a culture of continuous improvement for our services over the life of grants.

New reports are still being developed and implemented through the Data Exchange Partnership Approach that will be relevant to inform service providers' services for families and children. In addition, DSS will engage with service providers and peaks to share insights, new evidence and analysis that would help inform service delivery to improve outcomes for families and children.

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*Would you be supportive of reporting on client outcomes through the Partnership Approach?*

*If you are a service provider, what tools and supports would you need to implement the Partnership Approach? How long would you need?*

*If you are a service provider, what support would you like over the course of a funding agreement to ensure that your services remain supported by evidence and data to improve outcomes for families and children?*

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## Principle 4: Early Intervention and Prevention

DSS is committed to funding services that act early to support families and children. This may include universal services to prevent problems from occurring or by intervening early when a risk or problem is identified to stop it escalating.

The research demonstrates that intervening early and seeking to prevent a problem is not only cost effective but can build protective factors for families and children, increasing their resilience and improving their outcomes.

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*If you are a service provider, what early intervention and prevention services do you currently provide that help achieve the three outcomes proposed?*

*If you are a service provider, what is preventing you from providing early intervention and prevention services to improve the three outcomes identified?*

*How could government and service providers better balance crisis support with early intervention and prevention activities?*

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## 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. Despite this, we still struggle to work collectively and in a systematic way to provide a holistic support system to families and children.

DSS firmly believes that improvements in outcomes for families and children can only occur if there is collaboration across all levels of government, the community and with families themselves.

The FaC Activity guidelines ask service providers to work collaboratively with each other and a range of government and non-government agencies that support families and children.

DSS will continue to require and encourage service providers to work collaboratively with other services, members of the community and governments. This may include asking service providers to identify referral mechanisms or partnerships in the community. It will also include identifying how they are engaging with the community and families, particularly those at increased risk of experiencing poorer outcomes, to design and implement services when they apply for funding.

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*If you are a service provider, how confident are you that you have developed meaningful relationships with relevant stakeholders in your community? What could we do to help you develop these relationships?*

*If you are a service, do your existing referral mechanisms support families and children to access a holistic service response? What could be done to improve this process*

*What could Government do to support you to build these collaborative relationships and referral mechanisms?*

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