Supporting Improvement to the Families and Children Activity

**Australian Government
Department of Social Services**

**Public Consultation
Response**

Contents

Public Consultation Response

1. Introduction and overview

The Benevolent Society (TBS) and Every Child Alliance (initiated and funded TBS) (www.everychild.co), welcome the opportunity to contribute to the revision of aims and outcomes for DSS funded families and children's programs. The proposed aims and outcomes reflect an aspirational tone and better capture the interconnection between families, communities and culture compared to previous iterations of the framework (Department of Social Services, Stronger Outcomes for Families, Discussion Paper June 2018). We encourage this revision to be conducted and implemented in the context of the compelling evidence indicating that child and family service systems in Australia are fragmented, despite evidence that when integration and 'stacking' of support in the early years occurs, the wellbeing of children and their life outcomes improve (Molloy et al., 2019[1]).

To this end we urge DSS to adopt a systemic, not programmatic framework in this review. The systems analysis in the paper is encouraging. For example, we support the focus in this consultation paper on better integration of policy frameworks, agencies, and programs to improve child well-being, including Aboriginal and Torres Strait Islander children. We endorse the comment in the paper:

> *'It is important to ensure families and children services continue to support the objectives of key national initiatives, such as the renewed Closing the Gap agenda and the successor to the National Framework for Protecting Australia's Children and the National Strategy for Reducing Violence against Women and Children. The development of a new National Aboriginal and Torres Strait Islander Early Childhood Strategy in partnership with Aboriginal and Torres Strait Islander people will be an important step in ensuring Indigenous children and their families have access to quality, culturally safe services, including maternal and child health, family support, and early childhood education and care.'*

TBS supports policy frameworks, investment mechanisms and service delivery for children that foster integration and responses to the domains of wellbeing that children require under ARACY's, The Nest's wellbeing framework www.aracy.org.au/projects/the-nest . Within our TBS Operations we are fostering a new integrated model of working to reduce fragmentation within our own programs and instead promote active integration of our effort to improve access to services and outcomes for service users.

We support a National Child and Youth Wellbeing Strategy that encompasses over- arching wellbeing targets for children and young people across, health, education, income support, housing, safety, disability, justice and more. This includes concerted leadership nationally to disrupt childhood adversity and hardship. The DSS supported child and family programs are an essential programmatic response, but this must be reviewed within a broader systems framework, and multi-agency response – that includes income support and housing strategies, education, health and more.

The Families Australia Report (2020), ARACY budget submission (2020) and our Every Child/ANZSOG systems leadership for child well-being project recommend better integration of policy frameworks, such as Closing the Gap agenda; The National Action Plan for the Health of Children and Young People: 2020-2030; the successor to the National Framework for Protecting Australia's Children and the National Strategy for Reducing Violence against Women and Children.

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[1] Molloy C, O'Connor M, Guo S, Lin C, Harrop C, Perini N, Goldfeld S. Potential of 'stacking' early childhood interventions to reduce inequities in learning outcomes. J Epidemiol Community Health. 2019 Dec;73(12):1078-1086.

We support an outcomes framework for families and children's services that could be embedded within, and aligns with a new National Well-Being Framework for Children and Young People that we have been advocating through our Every Child alliance and collaboration with Australia and New Zealand School of Government (ANZSOG). To reduce 'siloing' in agencies and improve integration, we need all programs for children and young people across agencies to report a nationally coherent framework with targets and measures of progress that governments report on publicly.

2. Response to consultation questions

Recent and emerging impacts on service delivery

Question 1: How have you adapted service delivery in response to recent crises such as bushfires, drought, floods and Coronavirus pandemic? When has it worked and when hasn't it worked? How will this affect how you deliver services in the future? Have your service adaptations included better integration with other initiatives?

For example, you might like to comment on any specific issues in meeting service delivery needs, or what extra support you need to continue to support families and children during this time?

The Benevolent Society (TBS) adapted quickly to the coronavirus pandemic, providing virtual services delivery across many of its DSS funded programs (where appropriate) and engaged with our clients in new and innovative ways. These included phone sessions, or virtual face to face sessions through a range of platforms such as Skype, WhatsApp and MS Teams.

We continued to provide in-person services to families during the COVID-19 pandemic introducing additional measures to safeguard staff. For example, staff completed pre-screening calls to families to determine if they exhibited any flu-like symptoms. Staff were required to wear face masks and socially distance where possible and where social distancing was not possible, a session would be completed in an open space (i.e. in the front/ back yard or a park providing privacy was maintained). TBS also piloted and trialled a Welfare Check-In tool during this period of time, which provided strong information to the case worker, in regards to the needs of their families.

Feedback from many clients was positive. Both virtual and outdoors sessions worked well as families experienced less pressure in trying to get to and from appointments, particularly in school terms, while also balancing their regular routines. Some families commented on the time saved because of not needing to travel to and from services.

While positive impacts occurred, notable additional barriers were evident when working in new ways with clients.

These included:
- Fear and anxiety about attending sessions and the pandemic generally.
- Distractions from clients who were balancing working from home, completing home chores or child minding while also attending virtual sessions, which presented additional risks.
- During the pandemic there was limited connection to wider community and networking/advocacy opportunities.
- Some schools did not allow us access to sites where we would normally meet with students, due to their own COVID safe procedures during the pandemic.

In addition to COVID-19 pandemic, natural disasters such as the bush fires and floods have had major impacts on families and mental health concerns. There needs to be flexibility of service delivery to respond to communities and families in neighbouring geographical locations during times of disasters based on need.

With regard to our work with Aboriginal and Torres Strait Islander families, as a signatory of the Family Matters campaign, we continue to support our partners' Aboriginal and Torres Strait Islander Peaks position on Aboriginal and Torres Strait Islander children and young people growing up safe and cared for in family, community and culture. Understanding and being aware of challenges experienced by Aboriginal and Torres Strait Islander peoples is critical for our services to support families. At present the role of our Aboriginal and Torres Strait Islander workforce is invaluable to our capability to help families navigate the impacts of social isolation, and the additional vulnerabilities of First Nations families when dealing with the pandemic.

Outcomes and Evidence

Question 2: Are the proposed key outcomes for the families and children programs the right ones? Are there any major outcomes missing? How can we include strengths-based outcomes that focus on family or child safety?

Previous consultations have told us that it is important to clearly define and measure outcomes but that they need to be aspirational and strengths-based. The draft outcomes framework attempts to capture key outcomes for in-scope FaC Activity programs. You might like to comment on other outcomes you think should be included.

TBS welcomes the revision of the key aims and outcomes for DSS funded families and children programs. The proposed aims and outcomes reflect an aspirational tone and better capture the interconnection between families, communities, and culture compared to previous iterations of the framework (Department of Social Services, Stronger Outcomes for Families, Discussion Paper June 2018).

However, aims and outcomes need to be strengths-based without setting up unrealistic expectations or planning for goals that may not be achievable within required timeframes, leading to potential disappointment and shame if not met. Goals also need to be flexible so that they can be client driven, leading to better and longer- term outcomes for families.

TBS recommends using alternative language, particularly for the aims 'Family relationships flourish' and 'Children and young people thrive'. The aims 'Individuals are empowered' and 'Cohesive communities' are suitable and achievable. There are situations in which 'thriving', and 'flourishing' may not be possible for a child/young person and/or their family due to complex and intersecting circumstances within the family/community system or unique individual factors. This is not to say that that 'thriving' and 'flourishing' should not be aimed for, however it is important to meet and work with children, young people and families within their environment, acknowledge the various factors and complexities at play when looking at the possibilities of change. It is critical to acknowledge and normalise the everyday challenging realities of parenting and childhood.

Regarding the inclusion of a strengths-based outcomes that focus on family or child safety, TBS welcomes the presence of safety embedded within each of the aims and outcomes. Connection to others, services and secure relationships are key elements of safety. Similarly, tangible contextual factors such as housing and material basics, form part of creating a safe environment for children, youth and families. While not

outwardly explicit, the concept of safety as strengths-based is implicitly captured in the proposed outcomes framework.

Further to the above, TBS would welcome a National strategy for measuring and reporting on children and family outcomes that is consistent with, and aligned to, State government approaches. To date, several State governments have developed their own outcomes measurement framework to better understand how programs deliver benefits to recipients and the community. While some of these frameworks are framed at a whole of population-level, there are still elements that reflect program specific outcomes. There is a risk that lack of alignment and consensus on appropriate frameworks and metrics between Commonwealth and States will result in gaps and duplication in service delivery, outcomes, and reporting.

Current quantitative scores measurements are useful, however there is a need for more consistency in expectations surrounding evidence data (SCORE) and the opportunity for an additional measurement that would provide valuable qualitative data measures, to build a clearer and more meaningful picture of how services are supporting families.

Extended funding contracts will provide service providers the flexibility and opportunity to work with families longer if necessary, to ensure change is sustainable in the long term. This will also provide staff some sense of stability in their job security and minimise possible issues of retention and therefore maintain momentum towards change and minimise disruption to service delivery.

As highlighted, the partnerships with Aboriginal and Torres Strait organisations, and their National and State Peaks, our organisation was provided with a unique opportunity to trial the SNAICC Family Matters Campaign - National Self-Audit Tool. The Tool was developed for signatories of the campaign to:
- identify any strengths and challenges in effectively implementing the principles and building blocks of the campaign
- provide opportunities to promote and share good practice
- identify additional activities and support needed to achieve outcomes.

During the trial we engaged our families, and professional staff to evaluate the level of commitment to the campaign by undertaking an evidence-based assessment. It is a key tool for organisational accountability to working in accordance with the Family Matters building blocks and principles as signatories to the campaign. Participating organisations showed strengths in seeking and responding to family feedback and making service improvements based on this feedback. One service is looking to establish an Aboriginal and Torres Strait Islander parent advisory group and increase involvement of Elders and Traditional Owners in service activities. The process of completing the tool presented an opportunity for organisations to strengthen their cultural capability and accountability by reflecting on how they contribute to Aboriginal and Torres Strait Islander families receiving the right services at the right time. [2]

Overall, it was found that the tool required organisations to critically reflect and be transparent in acknowledging how they are performing in engaging communities and families.

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[2] Family Matters Self-Audit (Reflective Practice) Tool Trial Findings July 2020

Question 3: What tools or training would support you to effectively measure and report outcomes through the Data Exchange Partnership Approach?

Reporting outcomes through the DSS Data Exchange Partnership Approach is currently optional. Increased reporting through the Data Exchange Partnership Approach would help us better understand the outcomes being achieved and where further capability building support is required. You might like to comment on your view of this idea.

As a service provider for both CaPPS, FMHSS and a Communities for Children (CfC) facilitating partner, TBS has a unique understanding of the complexities associated with collecting, monitoring, and reporting on client outcomes through the Data Exchange Partnership Approach. Since the implementation of the Data Exchange and Partnership Approach in 2015, TBS has invested in its evaluation capability to support staff to collect, measure and evaluate client outcomes and impact at a program, organisational and system level. This has required a significant strategic and cultural shift to engage staff and management in understanding the purpose and value of outcomes measurement and continuous practice improvement. For smaller non-government organisations, often this level of investment, both in terms of time and resources, is beyond the scope of their capacity.

Effective outcomes measurement requires a significant commitment from staff, clients, management, and funders. With DSS proposing all service providers participate in the Data Exchange Partnership Approach, small and large organisations will need to be supported in this transition. There are currently limited tools and training available from DSS to support a sector wide transition to an outcomes focused approach. TBS encourages DSS to consider funding sector wide capacity building. This could be realised in communities of practice for small and large service providers to share learnings learnt and discuss key concerns with data capture and reporting. Further, a mentoring system between mature organisations that have already transitioned to outcomes measurement and smaller organisations who are yet to start their outcomes journey could be beneficial.

TBS has been a long-term proponent of the use of standardised measurement tools for outcomes and impact measurement. Forming part of our Resilience Practice Framework (RPF), the use of standardised measures allows TBS to compare our impact across different programs and service sites as they have been tested for reliability (producing consistent results) and validity (producing true results). Depending on the objective of the program, the method of delivery (e.g., individual counselling, group-based), and the interventions employed, standardised measurement tools can offer flexibility while maintaining robustness.

Given the Department's preference to mandate all service providers participate in the Data Exchange Partnership Approach, TBS sees this as an opportune time to transition all service providers to using standardised outcomes measurement tools. While TBS recognises the benefits of the flexible approach to SCORE, there is no evidence supporting its use as a direct tool with clients. Standardised measurements tools on the other hand offer more comprehensive information than SCORE alone. These measures can be used by site facilitators or program managers to help guide the service they deliver based on their client's strengths and needs, as well as measuring progress over time. Use of these tools may also provide evidence for planning services or support (i.e., contributing to the needs analysis process, scaling up services).

If DSS were to consider requiring all service providers to use standardised measurement tools, additional support and training would need to be provided to manage this culture shift. In our experience, it can take time to gain frontline support, and to have it move beyond a compliance requirement. Training emphasising the critical role of frontline staff in collecting stories of impact through data will be key to

successful implementation. It would also be beneficial to consider updating the Translation Matrix with additional information on how to select an outcomes tool and what tools are appropriate under what service delivery conditions (e.g., individual counselling, group-based). For example, administering an outcomes tool can be particularly time-intensive and challenging in a group environment with one facilitator to many clients. In this scenario, it would be valuable for DSS to consider what expectations they have of service providers to use standardised measures under challenging working environments.

Transitioning to the sole use of standardised measurement tools would have implications for the Data Exchange portal. TBS suggests that DSS considers service providers only provide scores for the standardised measurement tools used, rather than having to translate to the SCORE outcome domains. The SCORE translation creates further complexity for staff and double handling of data across multiple data systems. This creates opportunity for gaps in practice, lost data, and time inefficiencies. By streamlining this process and not having to upload additional SCORE information into the Data Exchange portal, frontline staff can focus on collecting and reporting on meaningful client outcomes.

TBS has opted into the partnership approach for reporting on outcomes and ensures at least 50% of our clients have assessed SCORES each reporting period. A thorough review of the current SCORE system will be required though to ensure it aligns with the new outcomes framework being proposed.

Currently outcomes within the organisation are captured via the standardised process of Resilience Outcomes Measurement tools (completed every 3-4 months) alongside the clients review assessment. This is streamlined across all child, youth & family type services, however with the additional burden of completing further documents to gather data SCORE data and then submit via the DEX portal, this creates opportunity for gaps in practice and lost data when front line staff do not have the capacity of time to get the information in before the cut off period.

It would be helpful to streamline this process and not having to upload into the DEX portal (given this is a duplication of tasks), or to provide an option/ flexibility for data to be captured retrospectively.

Question 4: Do you already have a program logic or theory of change outlined for your program? Did you find the process useful? If you do not have one, what has stopped you from developing one? What capacity building support would assist service providers to develop program logics and theories of change?

Agreeing on outcomes helps us think more clearly about what evidence works to achieve support these outcomes. Many service providers already use evidence-based approaches, but this may not always be the case in your service. You may like to comment on your experience of developing programs logics and theories of change in your organisation here.

TBS has program logics for all FMHSS, CfC and CAPPS funded programs. These are reviewed annually by each program to account for changes to service delivery, and meet the needs of our clients as the programs progress, grow and as needs and trends in the community change.

TBS believes when you have an effective program logic, staff and clients are better able to understand the purpose of the programs being delivered. Teams can sharpen their focus on particular elements of the program at any point in time. Clearly stated program logic also ensures that expectations for front line staff are understood in terms of and measurement of outcomes over the standard intervention period. Program logics help ensure we are kept across best practice and the most up to date research this is particularly important around prolific research areas such as neurobiology and the effects of

trauma on development, attachment, relationships, learning and health outcomes. It is imperative that a trauma lens is embedded in practice when working with vulnerable children and their families. This is also critical for advocacy of children and families and critical to community and educational knowledge to reduce stigma and increase inclusion.

Our organisation implements our Resilience Practice Framework which standardises practice across child, youth and family programs and these frameworks are built into program logics that guide service delivery.

Certainty and accountability

Question 5: As longer-term agreements are implemented, how can the department work with you to develop criteria to measure and demonstrate performance? How can the Data Exchange better support this?

Previous consultations and reviews have told us that certainty of grant funding is critical for service providers to engage and build trust with clients and maintain workforce continuity. Greater certainty needs to be balanced with accountability. Performance criteria, including Data Exchange reporting, and review points in the life of grants can help to provide greater accountability.

TBS strongly supports the gathering of data to evidence the efficacy of interventions, programs, and services by using clear and measurable performance indicators. All Child, Youth and Families programs and services delivered by TBS are underpinned by the Resilience Practice Framework. Developed in 2013 in collaboration with the Parenting Research Centre, the Framework has been designed to assist practitioners to undertake comprehensive family assessments of risk, vulnerabilities and strengths that impact on children, individuals, and families.

The Framework and suite of practice tools (Assessment and Outcome Tools) supports decision making in case management and the selection of evidence-informed practices known to achieve positive outcomes for children, individuals, and families. In addition to providing a structured approach to assessment, planning, intervention and reviewing outcomes, the Framework also informs our approach to measuring the effectiveness and impact our services are having at an individual family and collective, community level.

As noted above, Outcomes Tools form part of the Framework, incorporating quantitative, standardised, validated measures and a qualitative client voice measure. Examples of specific measures we use include:

- **Child Neglect Index (CNI)**: measures the type and severity of neglect. TBS use the adapted version of the CNI, as developed by the Parenting Research Centre;
- **Personal Wellbeing Index (PWI)** - Adult: measures subjective quality of life/wellbeing;
- **Kessler Psychological Distress Scale-10** (K10): measures psychological distress and mental health for non-Aboriginal and Torres Strait Islander people;
- **Kessler Psychological Distress Scale-5** (K5): measures psychological distress and mental health for Aboriginal and Torres Strait Islander people;
- **Strengths and Difficulties Questionnaire** (SDQ): measures child/youth behavioural and emotional concerns; and,
- **Parent Empowerment and Efficacy Measure** (PEEM): measures parental efficacy through the assessment of a parent's confidence to make parenting decision and perform parenting responsibilities.
- **Most Significant Change** (MSC): the MSC technique is a two-part question, designed to elicit stories of change as related to an intervention, program, or service.

The integration of both quantitative and qualitative measures allows frontline staff to develop a comprehensive picture of the strengths and needs of families and their individual members. Further, the qualitative information captured by the MSC technique can also be used to contextualise the quantitative outcomes data gathered and support client-led decision-making.

With this experience in mind, as a means of tracking performance, TBS recommends the following:

- **Introduction of a comprehensive outcomes measurement framework** that captures short, medium- and long-term outcomes linked to program and service specific program logics. This framework needs to clearly define the causal links between input, output, outcomes, and impact at an individual, family and community level. By developing and implementing a outcomes measurement framework, service providers will be better able to monitor performance against clear performance indicators and will be a stronger position to understand the impact of their service delivery. Similarly, government will be able to monitor whether interventions are having the intended impact and adapt policy and investment accordingly.
- **A thorough review of the SCORE system**. Given the proposed change to the key aims and outcomes for family and children programs, it would be timely to undertake a thorough review of the SCORE approach to ensure it aligns with the new outcomes framework being proposed, and assess whether it best meets the needs of clients, service providers, and government.
- **Mandate the use of standardised measurement tools**. As noted above, the benefits of introducing a suite of standardised measurement tools as linked to overarching outcomes measurement framework would enable more robust, valid data to be collected. Further, it would provide greater clarity on the expectations of reporting requirements, and likely reduce the administrative burden on service providers to capture multiple forms of data to meet the SCORE requirements.
- **Extend the capability of the Data Exchange portal to capture qualitative data**. While current quantitative scores measurements are useful, introducing qualitative data would enable for service providers and government to contextualise the quantitative data collected, and build a clearer and more meaningful picture of how services are supporting families.
- **Extend the capability of the Data Exchange portal to capture reasons for non-completion of outcomes data collection**. There are many reasons why a client may choose to not complete an outcomes measurement tool (e.g., language/comprehension difficulties, declined). Currently, there is no opportunity to record why this may be occurring in the Data Exchange portal, at either a client or service provider level. By capturing this information, government would have a greater understanding of reasons for non-completion and may be in a better position to suggest strategies to overcome this. Until both service providers and government have a clear understanding of the barriers to outcomes measurement, TBS strongly advises that no performance metric is placed around tool completion.
- Factor in a **risk performance element to allow service providers to innovate and test new ideas**. Both service providers and DSS need to have a risk appetite for failure, as this is where new ideas, interventions, services can originate from. TBS suggests factoring in a risk performance element to create a space where service delivery innovations and outcomes data can be used to create change.
- **Open to changing aspects of the funding contract based on data being collected**. While TBS welcomes the extension of contract periods, there is a risk that with this extension there will be no scope to change the contract based on insights generated from administration, demographic and outcomes data. Data needs to inform the way in which services are delivered and flexible contract terms (e.g., service location, form of service delivery) would be one opportunity to test this approach.

Data entered into the portal could benefit from being more qualitative rather that quantitative given the different programs and ways of providing services. Considering qualitative data collection would be a much more intensive task, however accountability and program achievements data outcomes would be a great deal richer in substance.

Administrative burdens are already high on services to meet the reporting requirements, so it must be understood that any additional expectations being passed on will reduce staff capacity for frontline service delivery and client capacity building.

TBS strongly believes that data collection to evidence the efficacy of the funded programs as well as interventions is critical. This needs to be implemented on an ongoing basis so gaps in practice or systems can be identified and address sooner.

Question 6: What does success look like for your service, and how do you assess the overall success of your service?

Success can be measured by different people in different ways. We are interested to know more about the ways your organisation measures success and what measures or tools you use to help demonstrate success.

Our individual case management programs measure success through reviewing client outcomes, as reported on every four months via the Resilience Outcomes tools. A case study documented in this paper provides an example of how we measure outcomes.

The outcomes tools implemented as part of the RPF at the Benevolent Society incorporate the PEEM, SDQ, SDQ- parents, Parent Wellbeing Index, K10, CNI and MSC.

We administer outcomes measurement tools every quarter along with a holistic re-assessment of the family's circumstances against the domains of resilience and comparison of level of risk since referral.

Other Qualitative Measures used include:
- Safety plans
- Client Program Exit Survey
- Client Satisfaction Survey
- Feedback processes
- Risk Assessment

Success in our FMHSS programs is measured through ongoing review of progress against the concerns, or goals identified by families though case management or counselling assessments. Case management and counselling sessions are reviewed regularly that provide interim and final measures of changes, providing opportunities for goals to be adjusted, and ensuring they are realistic, achievable and client focused. Interventions are considered successful when final reviews show improvement in relationship dynamics, wellbeing of participants and improved family functioning, or other measures that are congruent with the family's desired outcomes.

Success will be increased when funding outcomes and expectations are congruent with the needs of vulnerable children and families, when flexible funding allows services to respond to the level of complexity of client present with on an individual level and within the context of family and society. There

are many children and young people accessing FMHSS who are at risk of falling through the gaps if not engaged in the FMHSS.

A common understanding of language we use is critical. For example, the descriptor of 'early intervention' for the FMHSS is ambiguous, as it implies reversing something or stopping something. In our experience, by the time many children and young people are referred to the service, critical neurological development pathways are laid. Therefore much of the focus of our work is supporting children and young people to understand the impact of their experiences, develop life-long strategies to live with and function on a day to day basis with overwhelming anxiety or intense fear that the world and people around them are unsafe. This is a critical piece of work that must be reflected accurately in order to measure real success.

Targeting and accessibility

Question 7: Do you currently service cohorts experiencing vulnerability, including those at risk of engaging with the child protection system? If not, how does service delivery need to adapt to provide support to these cohorts?

Previous consultation told us that service providers value facilitating services for families and children where more targeted and intensive support is required, including providing 'wrap around' support. You may like to comment on how your service or program reaches those families and children who most need support.

The FMHSS receives referrals from the community-based intake and referral service where families have not met the threshold for intervention by child protection services, however they may still be at risk of entering the child protection system if support isn't provided to them. As such, many of the families we work with present with multiple and complex needs, which requires us to work holistically to address issues and build resilience in children's lives.

The CAPSS program delivered by TBS in South West Sydney, South Eastern Sydney and Central West NSW, works within a framework of intensive family support, therefore the level of risk and vulnerability needs to be high to meet eligibility for the program. All referrals into the CAPPS program meet at least 3 vulnerabilities (including current or historical concerns of AOD use) and are all at risk of engagement with the child protection system

Collaboration and coordination

Question 8: If you are a Children and Parenting Support or Budget Based Funded service provider, do you currently link with a Communities for Children Facilitating Partner or other regional planning mechanism to understand what other services are provided in the community and what the community identifies as their needs? How does this work in practice? Would you value the increased support of being attached to a local Facilitating Partner?

Previous consultation identified strong support for place-based approaches. Communities for Children Facilitating Partners is a FaC Activity program that builds on local strengths to meet the needs of individual communities, using strong evidence of what works in early intervention and prevention. Facilitating Partner organisations collaborate with other organisations to provide a holistic service system for children and families. Further information on the Communities for Children Facilitating Partner is available via the link.

The TBS CAPPS funded program is aware of the CFC program which is based in the same region as the SWS delivered CAPSS program. Through networking and establishing relationships, we are able to refer into each other's programs and receive support for mutual clients in the area, however this would be beneficial for all CAPSS programs within the organisation.

The concerns with Place Based funding is the limits to geographical locations. The lack of flexibility to move between locations within local Government Areas based on development, relocation and growth corridors has become an issue within CfC over time and the need for flexibility of services to move within LGA areas with community needs and trends is essential.

Question 9: For all providers, are there other ways to improve collaboration and coordination across services and systems?

TBS has been involved in the ARC Linkage project around Collective Impact for our three funded CfCs. Through our involvement with this project, we have strengthened our Collective Impact model across the organisation, using the framework to deepen our understanding on effective collaboration with external services and co-ordinate a targeted response to service delivery in our local communities by harnessing the collective expertise of multiple organisations to better service vulnerable clients.

The collective impact model aims to have service providers better understand identified gaps in service provision at a local level and work in partnerships with organisations to meet the needs of clients who may fall through the cracks, while also strengthening the impact of existing services in the area, by understanding how to better work in partnership with each other and remove the competitive nature of the sector.

Regular interagency meetings continue to be an effective way of collaborating and co-ordinating across services and systems. There is a lot of turnover in the industry so regular interagency meetings, with a clear and meaningful objective, help to create strong opportunities for networking and awareness of the funded programs and their function within local communities.

The impact of COVID 19 over the last 12 months has meant that certain Interagency meetings are not running. Whilst updates are provided via email, these are not as effective or in depth as face-to-face meetings, which were used to create partnerships and increase community connections

TBS has also initiated a FMHSS services communities of practice and the first session occurred in October 2020. This was designed for different FMHSS funded providers to have all their teams meet and share specialist skill sets they have with other services.

Capability and innovation

Question 10: The capability building support offered under Families and Children Activity programs has gone through several iterations. What works well? What do you think should change?

For example, you may wish to consider the priority capability building needs identified in this Discussion Paper and comment on other capability building needs that have not been included. We are also interested to how capability building skills are supported in your organisation.

TBS is committed to capability and capacity building, specifically its evidence gathering and data collection, by providing access to the staff who support programs to submit the information into the DEX portal.

Through receiving DSS feedback every financial year and accessing the expertise of our own impact measurement team, we are enabled as an organisation to highlight areas of effectiveness within the program and what we could be doing differently. This is imperative to best practice and in creating sustainable change for families engaged across all of our DSS funded programs.

Question 11: Aside from additional funding, how can the department best work with you to support innovation in your services while maintaining a commitment to existing service delivery?

This question recognises the importance of ensuring service providers have flexibility to build their own capability and develop innovative approaches appropriate to the unique contexts in which you work. We want to ensure our grant arrangements under the Families and Children Activity support capability development, adaptability and service innovation.

TBS encourages DSS to set clear and consistent funding requirements for each program and have the flexibility and ability as a department to respond to questions from our teams when they arise.

In the past it has been helpful when DSS representatives attend meetings across our programs, such as CfC collaboration meetings, and Western Sydney FMHSS meetings, as they are able to respond to questions particularly around funding requirements, measurement tools and data collection in real time. It provides our management team the opportunity to seek information the department's position, receive feedback and seek clarity around service delivery and accountability making the running of the service, communication with clients and reporting requirements more seamless.

It would be helpful for DSS to share information within same regions with the contacts of the various programs, so key contact people are aware of the programs existence and any possible opportunities for collaboration. Through this connection piece we may be able to be creative in sharing resources/tools etc and build the capacity of the local community we are working in.

Responsive timeframes to queries and approvals that impact service delivery, influences the quality of experience for participants. Equally, reasonable timeframes and deadlines for responses to from DSS requests regarding service delivery accountabilities will ensure a quality response.

What else should we know?

Question 12: Is there anything else you would like to share about the ideas and proposals in the Discussion Paper?

TBS has a long history of directly supporting families and communities to care safely for their children, as well as advocating for system and policy reform that supports families and communities. TBS advocates for early pathways and processes that prioritise and reflect each child's individual needs and best interests.

TBS supports an explicit focus on cultural competency, and on ensuring that the workforce is culturally diverse in nature and in practice. The principles of self-determination, collective approaches to decision-making and cultural understanding, including the recognition of trauma and loss, underpin the work we do with children and families. To uphold these principles, it is critical that appropriate representation, consultation, communication and negotiation are central to meeting the needs, and the aspirations of Aboriginal and Torres Strait Islander peoples.

Our Aboriginal and Torres Strait Islander workforce is central to our success, to our commitment to ensuring that our clients receive the right services at the right time, and to our responsibility to embed cultural understanding in practice.

3. Case Studies

How Benevolent Society responded to the Coronavirus pandemic and subsequent lockdown in 2020:

FMHSS QLD Case Study – Parent and 9-year-old child

The family were referred into our service in January 2020 due to the child struggling to manage her emotions and experiencing suicidal ideation. The parent was seeking support to learn skills in how to respond to her child's emotional difficulties.

Transition to Virtual Service Delivery

Moving to virtual service delivery during Covid-19 in order to continue supporting the family was a reasonably seamless transition from the usual face to face home visiting setting. The practitioner and family were able to engage in interactive sessions on Skype, Zoom and FaceTime, as well as offering advocacy and support via telephone sessions, thereby being able to maintain service continuity.

Experience of Virtual Service Delivery*

The virtual sessions provided a great opportunity for our service to remain engaged with the family and continue working together towards goals and outcomes, with minimal interruption to the flow of regular/scheduled appointments. The family was appreciative that we could keep supporting them with their existing challenges, and with additional support required as they navigated the challenges of the Covid-19 lockdown restrictions.

Some adaptation was required in that activities were structured differently to suit delivery in the virtual setting, and this included emailing or posting resources to the parent to have to hand for sessions, and

providing them with a list of items that may be required during the session, i.e. coloured markers, paper, scissors, glue, play doh.

The child engaged well in the activities undertaken via Skype and her interest and effort in completing the activities were comparable to the face-to-face setting. However, the child soon became averse to facing the screen and maintaining eye contact and disclosed not wanting to see her own face on the screen. This was managed by inviting her to turn off her camera and just keep the practitioner's face on the screen. Upon return to face-to-face sessions, the child continued to be well engaged and it was evident that the period of virtual engagement had not negatively impacted the therapeutic relationship.

The parent welcomed the transition to virtual setting during Covid-19 as she and other family members had medical conditions which made them highly vulnerable to contracting the virus, and this way of meeting for our sessions alleviated any risk. She engaged well in each session and was able to begin putting into practice parenting strategies discussed together to help her support her child.
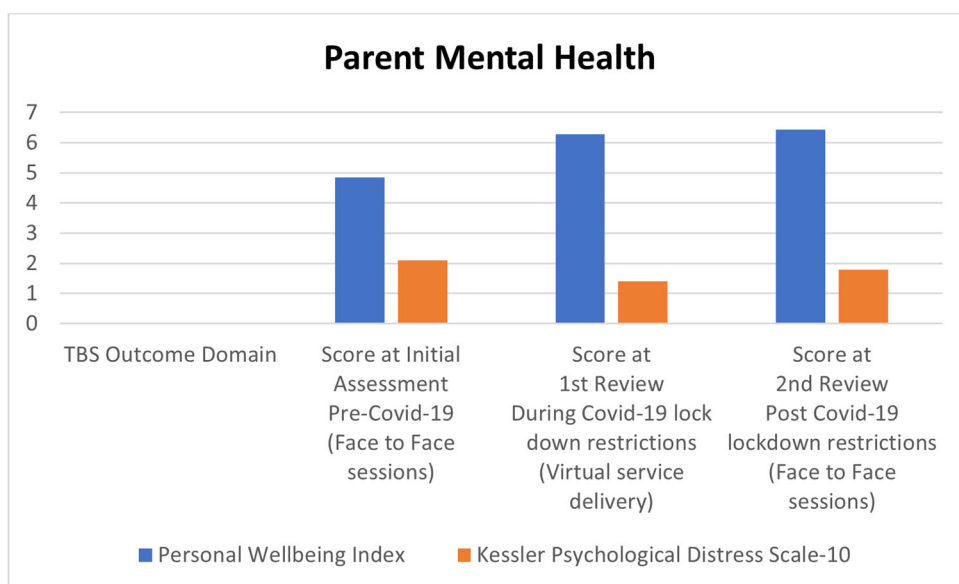
The family participated in a total of 16 virtual sessions, comprising 12 via Skype/FaceTime and 4 via telephone.
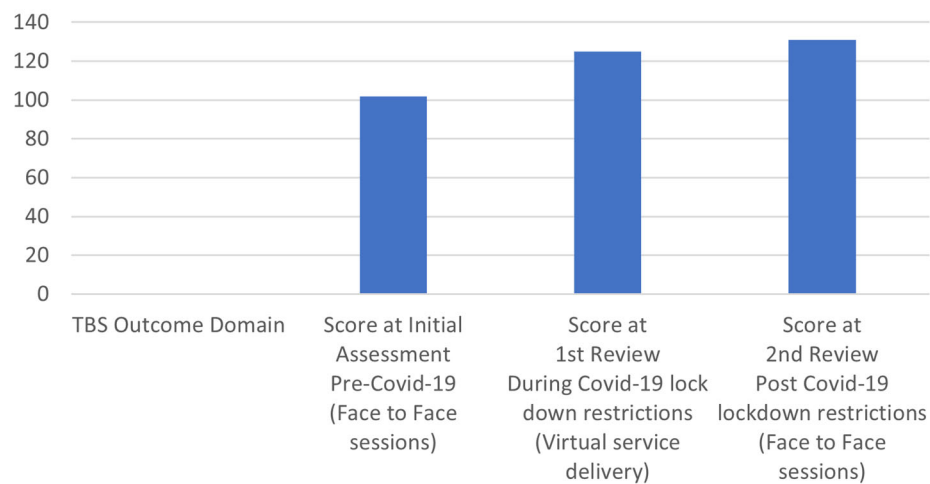
Outcomes

Measured outcomes for the family using our Resilience Outcomes Tool** questionnaire showed improvements in the parent's Personal Wellbeing, a reduction of psychological distress, and an improvement in parenting efficacy. However, the child's scores did not reflect improvements despite our service continuity. It is apparent the child was unable to remain fully engaged in the virtual service delivery mode, as evidenced by her reluctance to face the screen during sessions and turning her camera off. However, once face to face visits were resumed, the therapeutic relationship with the child picked up where it had left off before the transition to virtual service delivery.

Below are visual representations of a comparison of measured results for parent and child. Three measures were taken: (1) at Initial Assessment pre-Covid-19 with face to face service delivery; (2) at the First Progress Review during Covid-19 with virtual service delivery; and (3) at the Second Progress Review post-Covid-19 lockdown restrictions when face to face service delivery resumed.

In summary, although engagement with the family was upheld with minimal disruption, this was not enough to improve the child's mental health overall.

Parent Mental Health bar chart. TBS Outcome Domain comparing Score at Initial Assessment Pre-Covid-19 (Face to Face sessions), Score at 1st Review During Covid-19 lock down restrictions (Virtual service delivery), and Score at 2nd Review Post Covid-19 lockdown restrictions (Face to Face sessions). Legend: Personal Wellbeing Index; Kessler Psychological Distress Scale-10.

Parent Empowerment and Efficacy Measure

Strengths & Difficulties Outcomes - Child

Score at Initial Assessment Pre-Covid-19 (Face to Face sessions) · **Score at 1st Review During Covid-19 lock down restrictions (Virtual service delivery)** · **Score at 2nd Review Post Covid-19 lockdown restrictions (Face to Face sessions)**
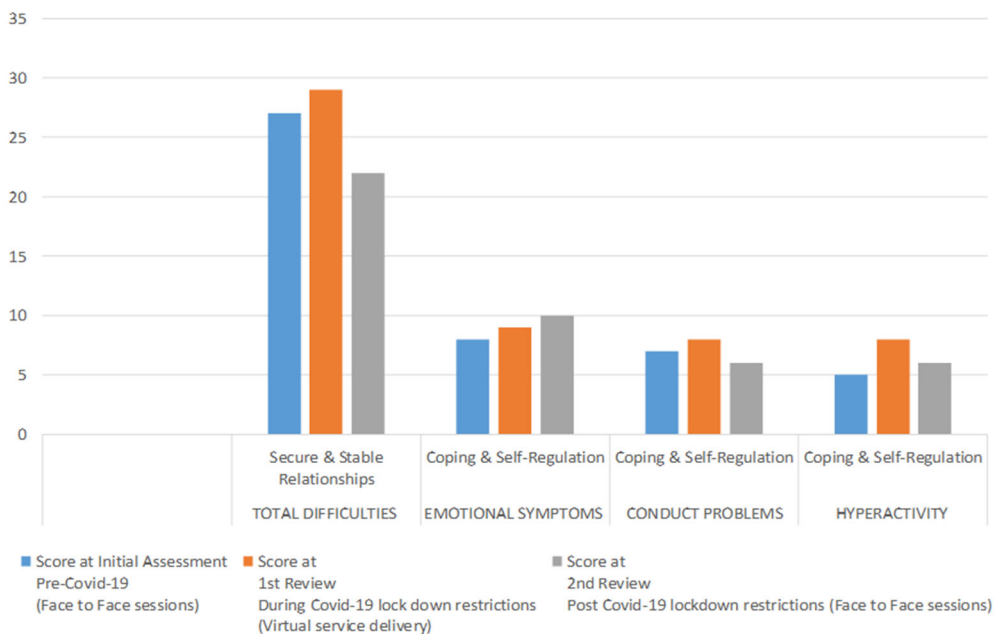
**The Resilience Outcomes Tool (Family) is constructed from a variety of existing validated tools as per the below references and acknowledgements.

Strengths and Difficulties Questionnaire
© Robert Goodman (2005), www.sdqinfo.com

Personal Wellbeing Index
International Wellbeing Group (2006). Personal Wellbeing Index. Melbourne: Australian Centre on Quality of Life, Deakin University, http://www.deakin.edu.au/research/acqol/instruments/wellbeing_index.htm

Kessler Psychological Distress Scale-10 (K10)
Kessler, R. C., Barker, P. R., Colpe, L. J., Epstein, J. F., Gfroerer, J. C., Hiripi, E., ... & Zaslavsky, A. M. (2003). Screening for serious mental illness in the general population. Archives of General Psychiatry, 60(2), 184-189.

The Parent Empowerment and Efficacy Measure (PEEM)
Freiberg, K., Homel, R., & Branch, S. (2014). The Parent Empowerment and Efficacy Measure (PEEM): A tool for strengthening the accountability and effectiveness of family support services. Australian Social Work, 67, 405-418.

4. Conclusion

We have the knowledge, the evidence, and the capacity in Australia to ensure that every child starts school ready to learn and leaves school ready for life and work. We commend the Federal Government and officers of DSS for your preparedness to seek wide-ranging input in this review process and to be innovative and future-focussed in the child and family support system.

As practitioners and managers in the non-government sector we commit to genuine partnership with you and improved integration of service delivery. We recommit to ensuring that every child – including First Nations children and others who are over-represented in child protection and support systems – can overcome trauma and adversity to lead safe, fulfilling lives free of poverty, racism and harm.

This aspiration for every child requires us to be systems leaders and thinkers. That is, we must think beyond program solutions, and be determined in our efforts to respond to the systemic social and economic determinants of wellbeing, and offer the public better integrated supports across all areas of their need. With the abundant resources and evidence available to us all, there is no justifiable reason for any child to be left behind.