# Supporting Improvements to the Families and Children Activity

## Public consultation

Make a submission

### Part A – About you

| **Do you agree to have your submission published on this website? (required)**<br>☑ *Tick one (1)* |
|---|
| ☑ Yes |
| ☐ No |

| **If yes, do you wish to have your name and/or organisation published with your submission? If no, your submission will be published anonymously (required)**<br>☑ *Tick one (1)* |
|---|
| ☑ Yes |
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Your name (required)
(If you wish to remain anonymous, please write Anon)

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Email

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**Are you responding as an individual or as a representative of an organisation?**

If you are responding as an organisation your responses may be published and attributed to your organisation in public reporting.

- ○ I'm responding as an individual.
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Anglicare Victoria

**In which state or territory do you currently live?**
☑ Select one (1)

| |
|---|
| ☐ Australian Capital Territory |
| ☐ New South Wales |
| ☐ Northern Territory |
| ☐ Queensland |
| ☐ South Australia |
| ☐ Tasmania |
| ☑Victoria |
| ☐ Western Australia |
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**Which type of geographic location do you live in?**
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| ☑ A capital city |
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## Make a submission

### Part B – Supporting Improvements to the Families and Children Activity

These questions build on feedback received from the 2018 consultation, insights from other consultations and ongoing discussions with the sector, as well as recent experiences of service delivery during the 2019-2020 bushfires and the Coronavirus pandemic. All questions are optional.

## 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?

Please provide your response to Question 1 in the space provided below (500 word limit).

In Victoria, there was an extensive period of restrictions of movement and contact between March and November. Restrictions differed between regional and metropolitan areas, with the latter having more stringent and lengthy lockdowns. Impacts included financial pressures on families, increased level of stress, shifts to home-schooling, and reduction in contact between family members living in different households.

Anglicare Victoria offers a comprehensive network of services aiming to improve the lives of children, families and young people, ranging from out-of-home care (OoHC) to parenting and men's behaviours change, financial counselling and alcohol and drug support. We are Victoria's leading OoHC provider, and with over 1,700 staff in 93 locations across the state, we are uniquely placed to respond to Victorians' needs. This capacity and state-wide service network allowed us to respond quickly and effectively to the changing pandemic landscape.

Service responses included pivoting delivery to virtual sessions, live streaming and pre-recorded group sessions and presentations. Webinars have attracted excellent participation. The use of text messaging, phone calls and

emails to engage with families also increased. For example, providing support or counselling by telephone and following up with emailed information.

Virtual engagement models have shown a range of benefits:

- Providing opportunities to offer group subjects across all ParentZone areas, rather than just families in our geographical area. This has increased participation and we will continue to offer some groups virtually.

- Better access for some families who find face-to-face attendance difficult (e.g. because of other work or family commitments), and greater flexibility in session times offered.

- Some participants were more comfortable and relaxed engaging from their own home. Our staff have observed that many young children enjoy engaging online.

- Increased incidence of both parents attending groups together, providing more opportunities for family strengthening and communication.

The COVID environment has also provided an opportunity to develop new partnerships and strengthen existing ones. For example the Dion, local governments, kindergartens and Early Learning Centres collaborated to share prep transition responses and to fill the gap new created by the cessation of new parents' groups. This provided an opportunity to showcase and promote the flexibility and agility of C4C programs and will have lasting benefits.

Learnings

- Online models provided improved accessibility and convenience for some (but not all) clients. There is potential in the future to increase effectiveness and access by retaining the option of on-line models.

- However, on-line models did not suit families and individuals who
    - did not have ready access to the technology (laptops, home internet access), particularly for those families experiencing financial hardship. Disparities in access were evident.
    - have with limited skills and experience in using computers and software
    - live in areas where internet access is unavailable or unreliable
    - were uncomfortable with on-line models, or whose home environment was not suitable (e.g. lack of privacy or space).

- Providers adapted quickly, integrating real-time learnings and adapting practice to ensure that they could effectively work with clients and their fellow practitioners in other organisations on-line.

## 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.

Please provide your response to Question 2 in the space provided below (500 word limit).

The proposed outcomes framework appropriately reflects the aims of the FaC Activity programs.

- The development of appropriate measures is critical to the effective implementation of an outcomes-based approach. This is often more challenging than the development of the framework itself.

- The development of place-based outcomes measurement is in its infancy, and that there needs to be careful consideration to the extent to which FPs in a given local area can influence outcomes that are the combined result of broader community factors and the service system as a whole. For example, the proposed outcomes framework acknowledges contextual factors including employment, physical health, stable housing and material basics. FaCs programs have limited ability to influence these factors, so assessment of outcomes needs to be able to control for them.

- The resources available to FPs for monitoring and evaluating outcomes are limited, and the delivery arrangements in place in a given area are often complex. The scope and timing of implementing outcome-based measures must be proportionate to the resources available.

- Many state governments are also developing outcome frameworks relevant to families and children. Misalignment between the outcomes frameworks applied by different funding bodies will increase the administrative and reporting burden on service providers.

- The FaCs program supports a range of diverse programs operating in a range of diverse communities. Not all measures will be equally relevant to each community or program. Agreeing on a small number of priority measures in each instance is one approach to accommodating this diversity.

- While AV supports the use of a strengths-based framework for outcome measures. It is also important to capture the impact of the FaCs program in preventing harm and intervening early: the discussion paper recognises that FaCs activities are linked to the prevention of health and social problems in the longer term. Evaluation of the program (rather than individual providers) should therefore consider the extent to which negative outcomes (e.g. child protection engagement) are prevented, particularly for at risk populations, in addition to those positive outcomes proposed as part of the framework.

Applying the outcomes framework to C4C Facilitating Partners

- The development of outcomes measures need to be informed by a clear, shared understanding of roles and responsibilities. In that context, the use of outcomes data that is derived from individual client measures is unlikely to capture whether the FP is effectively performing its role.

- Outcome measures as they apply to FPs should reflect their role as facilitators and enablers rather than service providers, and could be seen as contributing to the 'cohesive communities' part of the outcomes framework and the measures within it. The measures currently included in the diagram could be strengthened by the inclusion of measures that address the effectiveness of local cooperation and coordination to address issues (not just 'understanding' them as currently referenced).

- There are models available for assessing the effectiveness of place-based approaches and collective impact. However, significant challenges remain (as outlined in the following AIHW paper on collective impact: https://aifs.gov.au/cfca/publications/collective-impact-evidence-and-implications-practice ).These could inform the further development of appropriate outcomes measures for facilitating partners.

**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.

Please provide your response to Question 3 in the space provided below (500 word limit).

Anglicare Victoria supports in principle the development of stronger evidence base, and acknowledges that effective data collection is key to ensuring standardised, consistent information is available. Supports currently provided (Help Desk, on-line training videos) are helpful and appropriate.

The support required to further build capability will vary significantly across communities and Partnerships. Variables include

- History: the level of familiarity, experience and capacity in using DEx. SCORE is not currently being used in all areas. Where agencies are not currently using these mechanisms, significant support will be needed to establish this capability. Long-term phasing in of any increases in reporting requirements will therefore be required.

- Scale: there is a fixed cost associated with achieving a baseline level of capability in using and maintaining DEx. This cost will represent a much larger burden to small agencies compared to bigger ones who will enjoy efficiencies of scale as well as potentially having greater internal capacity to provide administrative and practical support. Reporting requirements are proportion to the level and scale of services (and funding) being provided, to ensure that these administrative costs do not become excessive. DSS should therefore consider a scaled approach to reporting to ensure that smaller agencies and programs are not disproportionately affected by a move to more comprehensive reporting. Further, FPs role in supporting agencies to use DEx becomes more complex in proportion to the number of agencies involved. FPs who have successfully established a broad coalition of partner agencies will face a much more complex and resource-intensive task to support those agencies to use DEx than a Facilitating Partner working with a smaller group.

While the system continues to develop, there continues to be a range of valuable outcomes focused data that cannot be translated into the DEx system and is therefore lost. This includes some data collected as a part of established monitoring regimes for evidence-based programs (EBMs), including those EBMs approved by AIFS. In the latter case, the work required for this translation should be done centrally, by AIFS that has the relevant expertise. This would increase efficiency and improve consistency.

The Data Exchange Partnership Approach is focused on (a) individual client outcomes and (b) service delivery. In its current form, it is not appropriate for capturing and reporting on activities such as strategic development projects. There to be sufficient flexibility in the implementation approach to ensure that the extent to which DEx is used is proportionate and appropriate, and there is a good system in place for collection and capturing outcomes in terms of cross-sector collaboration, sector capacity building and community awareness, and this will require a capacity to efficiently capture qualitative information.

Anglicare Victoria also recommends that there is further work to ensure that the DEx and the requirements associated with are suited for our work with vulnerable populations, including those with a first language other than English and people whose previous experiences (e.g. of political and personal persecution) makes data collection and institutional trust challenging issues. This is discussed further in question 7.

**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.

Please provide your response to Question 4 in the space provided below (500 word limit).

Anglicare Victoria has a program logic or theory of change in place for all its FaCs funded programs, though these do not always adopt a common framework or format.

However, in our role as Facilitating Partner (FP) we are aware that not all partner agencies have developed a program logic or theory of change. We believe that the process of doing so is useful and an important first step in establishing appropriate measures of effectiveness. However, this process is necessarily collaborative and time consuming, and ideally involved facilitation from outside the program. In some cases, the process of

development and the partner capacity building required will represent a significant workload for FPs. It should also be noted that this may represent a proportionally significant investment of resources to fulfil this requirement for small programs.

It is also important that such frameworks are established within the context of a practical and realistic assessment of how the framework is to be implemented and monitored. Complex and comprehensive program logics have the advantage of being able to capture and reflect a wide range of activities, but our experience has been that these cease to be effective tools if they are too complex and comprehensive to be monitored effectively within the available resources.

It should also be noted that the implementation of this requirement should be able to accommodate circumstances where new models and approaches are being tested and developed, and the program logic is being worked up, modified and refined as part of the process of innovation and development.

Anglicare Victoria believes that there is value in establishing a common template as a minimum requirement for programs, *provided that* the template adopted as a baseline is simple as possible (providers should however continue to use existing theories of logic if they are already in place or established). The materials and links provided on this topic at the AIFS website are useful and provide a good basis for further implementation. It may be useful to supplement this material for further guidance on (i) effective monitoring & evaluation in resource constrained environments and (ii) addressing the challenges of cross-organisational monitoring and evaluation.

## 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.

Please provide your response to Question 5 in the space provided below (500 word limit).

The Activity Work Plan should be retained and reporting against progress toward the achievement of the Plan is a key performance measure for Facilitating Partners. Each workplan spanning a two year period with an annual review would ensure

- that the activity is on track to achieve the projects *outputs*
- that objectives can be amended to accommodate any local changes that impact on priorities.

Anglicare Victoria would support there being strengthened mechanisms in place for communication between DSS such as an allocated contact for each agency/region. This would provide an opportunity for performance meetings can be held, and regular feedback on progress and outcomes and requirements. This model exists in many other programs.

The circumstances of a given community alter over time, so it is also important that the reporting and accountability framework is able to retain the flexibility to accommodate this. Examples of such changes include shifts in the local socio-economic environment (e.g. the closure of a regional town's major employer) or sudden population changes (e.g. large-scale settlement of a refugee community with few previously established community links). These changing circumstanced can impact on both the types of outcomes that are most appropriate to focus on and on what can be achieved.

Performance, accountability and review would be further strengthened by improved data transparency and consistency across agencies. AV supports DSS working with providers to develop a standardised, place-based suite of aggregate reports on shared outcomes for relevant providers as the dataset becomes for fully developed. However it is acknowledged that this will be dependent on supporting improving the quality of data.

A significant volume is data is currently being collected, and the proposals outline in the discussion paper suggest that this is likely to increase. Participating agencies, and the sector as a whole, should have the

opportunity to benefit from the learnings that analysis of this data would provide, and would support this work being carried out by a central agency such as AIHW with findings distributed to all participating agencies.

AV welcomes the opportunity to use EBM funding to support more effective data collection and evaluation, as indicated during discussions for this review. Further support on how this might be applied in the development of placed-based approaches to evaluation would be useful.

It is important that any new reporting requirements that are introduced are well supported by a thorough change management and training program to ensure that requirements are met. This needs to include a clear and comprehensive communication and information strategy to communicate requirements, as well as ongoing implementation support. Allowing time for any new requirements to be introduced and embedded into practice will also be key to successful change management.

We also continue to receive feedback from staff that the current reporting is confusing and difficult. The development of new approaches needs to consider how existing requirements are streamlined wherever possible and that changes replace rather than add to existing requirements.

**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.

Please provide your response to Question 6 in the space provided below (500 word limit).

At AV, validated tools are used where practical for the collection of client level data and feedback. These are translated to DSS SCORE where possible, but in many cases additional data is collected that cannot be captured in SCORE. Example of validated tools used include the Validated Efficacy subscale of PEEM (Parent Empowerment and Efficacy Measure), the Canadian Occupational Performance Measure and the Collaborative Health Assessment Tool.

AV believes that client feedback should always be a critical component in assessing program success. By doing this, we are better able to assess not just program outcomes, but the extent to which the design and approach of the intervention meets families' needs. This approach is exemplified in our Parent Building Solutions program, where co-design in embedded into the structure of the program, allowing for both the structure and the content to target those issues that are causing parents most concern. The success of this approach is demonstrated by retention rates of 90% (comparable programs commonly see retention of 40-60%). Further, the parents own assessment of their comfort and skills in dealing with the identified issues is a key factor in evaluation and reflects the purpose and intent of the program's logic.

AV Bendigo's Communities for Children has a Place-based Monitoring, Learning and Evaluation framework in place linked to an overarching theory of change and drawing on both qualitative and quantitative data. As part of this evaluation work Communities for Children, Bendigo has utilized a range of participatory and qualitative evaluation methods to understand success. There has been a particular interest in hearing participant's voices and validated methods such as 'Most Significant Change" have allowed for client and key stakeholder perspectives to be included in understanding impact and success and enables a rich understanding of program outcomes. Evaluation forms completed by activity participants pre-and post-participation provide a measure of each participant's success.

Formal evaluations drawing from a range of qualitative and quantative data sources have been have been conducted and published on a number of occasions for both Communities for Children as a whole (e.g. Cardinia Shire local evaluation (2014), Bendigo evaluation (2020). As well, a number of individual activities have been formally evaluated (e.g. Parents Building Solutions in 2016 & 2019; Off to an Early Start in 2018).

In addition, local governance arrangements provide for input, feedback and collaboration at local level, and include forums (e.g. Parent Educators Network) which allow for sharing of relevant themes and learnings, and identifying and responding to service gaps.

## 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.

Please provide your response to Question 7 in the space provided below (500 word limit).

As one of Victoria's leading child and family services agencies and a provider of Out-of-Home Care as well as family support, Anglicare Victoria is well placed to support families and provide a range of referral options into FaCs programs, as well as linking clients participating in FaCs programs to a broader range of interventions as required.

For example, as an organization we are providers of Child First (the community-based entry point for children, young people and families needing support) and its successor the Orange Door, which is progressively being established as the key access point statewide. In addition, AV provides a range of other services, drawing on a range of funding sources, which enable us to respond to a broad range of family needs, including emergency relief, financial counselling and men's behavior change.

The FaCs program is a vital part of this continuum of service delivery, as it provides one of the few sources of funding for the proactive support of vulnerable families which enables us to address issues and tensions within the family to prevent engagement with these more tertiary level services.

Partnership with other agencies also supports engagement with at risk or vulnerable clients and communities. For example, we work closely with the Victorian Aboriginal Child Care Agency (VACCA) on a number of initiatives and programs, and our Communities for Children network in Bendigo has worked extensively with local Aboriginal organisations to arrange family days and provide opportunities for community members to meet workers in an informal, supporting setting to encourage service engagement. Other examples of partnerships which support engagement with hard-to reach cohorts include the Southern Migrant Resource Centre, Families and Parents with Mental Illness (FaPMI).

As noted above, virtual delivery has also allowed us to broaden our partnerships and offer activities to particular groups across a wide geographical area. This has created additional opportunities for families with common experiences (e.g. autism/birth trauma) where numbers may have been too small for local groups to be developed effectively.

As noted in our response to Question 3, it is also important that administrative and data requirements to not unwittingly reduce access to programs and services for vulnerable populations. For example, requiring extensive and detailed demographic information from people early in their engagement journey can feel intrusive and threatening, particularly for those whose previous experience with institutions has been negative and/or traumatic (e.g. people who have been refugees or asylum seekers). It is therefore important to retain the capacity to forego these requirements where necessary. Functional adjustments to the data required (such as collecting a reduced set of data for single-session clients) would also assist in this.

It is also important to recognise that for many clients, providing information in a language other than English is inherent in acceptable service provision. Further, some of our most vulnerable groups may have low levels of literacy with the written word – regardless of the language used – and other formats must be used (e.g. graphical representations, video). Providing an adequate response to these groups therefore requires a significant investment compared to other groups, and this should be acknowledged in funding and accountability approaches.

## 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.

Please provide your response to Question 8 in the space provided below (500 word limit).

Facilitating Partners play a crucial role in facilitating planning, coordination and capability development, and are a key element in a truly place-based approach to service delivery and development. The capability that FPs provide to lead a joined up approach to both planning and delivery is rare, and not only contributes to the more effective delivery of the FaCs programs but also to the development and strengthening of the sector as a whole. AV would therefore support ongoing strengthening of the role, function and resourcing of FPs.

As one of Victoria's largest providers and child, youth and family support services, AV partners with many local services, including universal services such as schools, Maternal and Child Health Nurses. This ensures we have a current understanding of community need as well as providing a non-stigmatising pathway of access for families requiring additional support. This work is informed by review of local data and discussion with partners as part of ongoing planning and governance to identify priority areas and cohorts and incorporate appropriate responses.

Given the scope and scale of AV's role in local communities, we are also engaged with a broad range of partnerships and planning mechanisms. These include alliance, consortia, co-location and partnership arrangements across Community Services, Family Services, Family Violence and Youth and Family Services, as well as a range of program-delivery partnership as well as more informal inter-organisational relationships. One examples is the Child and Family Alliances supported by the Victorian Department of Families, Fairness and Housing (formerly DHHS), which in some location AV Chairs.

This extensive network enables AV – whether in the role of FP or delivery partner – to ensure that planning at the local level is well coordinated, takes advantage of the expertise and input of a wide variety of input and expertise, and creates as environment that supports identifying shared community problems and working together to solve them.

**Question 9:**

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

Please provide your response to Question 9 in the space provided below (500 word limit).

As noted in our response to Question 2, the development and implementation of effective outcome measures is still in progress, and the effective use of outcomes measures to support and place-based interventions and appropriately capture collective effort is still in its infancy. In particular, the challenges arising from using place-based outcome measures to inform assessment of individual organisations' efforts need further work to be satisfactorily resolved. It is therefore important that the impact on collaboration and coordination is a key consideration in the development of the FaCs monitoring and accountability framework.

As a large delivery agency, Anglicare Victoria engages with all three levels of government: Local, State and Federal. While the different levels of government have clear roles and responsibilities (many of which are clearly stated in the Constitution), too often this is experienced by families as discontinuities in service connections and support eligibilities. For example, while we often seek to engage with local governments in our role as FP, we find that their engagement with our planning processes is not as strong as we would like. Another example where this can impact on effective planning and coordination is inconsistencies in definitions in geographical service boundaries, or the different pathways that are being taken in the development of outcomes frameworks between State and Federal governments.

This represents a missed opportunity for stronger client and community engagement, and more creative problem solving, and AV would welcome further strengthening of inter-governmental cooperation, particularly when it comes to place-based responses.

## 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.

Please provide your response to Question 10 in the space provided below (500 word limit).

Facilitating Partners play a critical role in providing support and building capability, and is able to provide support that is uniquely tailored to the needs and strengths of local organisations and communities. It is an important role that should continue to be maintained, supported and developed as a key element of the FaCs model.

The value and impact of this capacity building and support function is much broader and more wide-ranging than the FaCs program. It builds capacity across providers and community members which in turn strengths service delivery across local communities and the sector as a whole. Given that human services industries will continue to be a key growth sector of the economy, this capacity building is vital.

Anglicare Victoria would also like to acknowledge the important and effective role played by the Australian Institute of Family Studies (AIFS) in supporting the FaCs program. This support should be maintained and strengthened. For example, we believe that AIFS taking a lead in the translation of EBM measures (where it is an AIFS approved program) into SCORES/DEx would be more efficient, make better use of their expertise, and be and more effective in terms of consistency and reliability of data, than individual organisations doing this work.

**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.

Please provide your response to Question 11 in the space provided below (500 word limit).

Anglicare Victoria strongly supports the development of innovative models as part of our efforts to continually improve the services that we provide and the outcomes that we deliver. We have invested heavily in innovation, ranging from our establishment of one of Victoria's first two social impact bonds, COMPASS, to our ground-breaking Rapid Response model which works intensively with families at risk to prevent children from entering out-oh-home-care.

Drawing on this experience, we understand how difficult it is to create, test and implement innovative solutions while at the same time ensuring that our existing high quality services are delivered. Innovation takes resources for development, and hard work from staff.

For this reason, we believe that DSS should consider the development of a separate innovation fund to support the development, implementation and evaluation of innovative responses to priority issues. If established, such a fund should (i) have the capacity to support long-term (multi-year) development projects (ii) be conditional on findings being made available to the sector as a whole, and (iii) allocated through open, transparent submission

process according to published criteria. Such a fund could support the establishment of innovative, evidence-informed service delivery models as well as systems-oriented projects such as testing of place-based, cross-organisational approaches to outcome measurement.

In the longer term, there needs to be the flexibility within funding, reporting and accountability frameworks to identify areas of innovation where new approaches are being trialed and amend performance measures (throughput targets, for example) accordingly to acknowledge the resourced devoted to development and implementation.

## 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?**

Please provide your response to Question 12 in space provided below (500 word limit).

Anglicare Victoria would like to thank DSS for the opportunity to participate in this consultation, and commend it for its measured approach to the consultation process. We think the move to longer terms agreements will benefit both the community and the providers and help ensure better outcomes.

With the FaCs program's clear focus on family strengthening, early intervention and prevention, it supports a vital part of the service continuum. In providing the capacity to support families and address issues and build on strengths, it allows for support to be provided when it can make the most difference, with lasting benefit for the families and for the individuals involved, across the life course.

We look forward to continuing to work with you to improve accountability and reporting, and ensuring a strong evidence base is built for the program. However as you know many partner agencies, particularly smaller agencies with less organisational infrastructure, struggle to meet the kind of reporting requirements that a large agency like Anglicare Victoria can readily resource. We therefore urge you to ensure that reporting and monitoring is as lean as possible, and that FPs are resources to support their smaller partner agencies in this endeavor.

Anglicare would also like to note that Facilitating Partners need to be strongly embedded in local communities and local service networks in order for their work to be effective. Should DSS decide to move forward with proposals to link Children and Parenting Support or Budget Based Funded Services to Facilitating Partners, it will need to ensure that the proposed FP is strongly linked and connected to local community, or if required established new ones.

We trust that the principles of self-determination for Aboriginal and Torres Strait Islander people will also inform these decisions.

Thank you for completing our questionnaire. We appreciate you taking the time to share your thoughts and ideas. We will use this information, along with discussion through advisory groups and the online forums to inform the outcomes from this consultation.

If you have any questions or feedback about this survey, please contact the Department of Social Services via families@dss.gov.au.