

Better Place Australia

Response to the Families and Children Services

Discussion paper 2020

FEBRUARY 2021



Contents

Reform Objective	3
Executive Summary	5
Recent and emerging impacts on service delivery	8
Discussion question 1: Recent and emerging impacts on service delivery	8
Outcomes	14
Discussion question 2: Suitability of proposed key outcomes	15
Discussion question 3: Family or child safety outcomes	17
Discussion question 4: DEX outcomes	18
Evidence	19
Discussion question 5: Program logics and outcomes frameworks	19
Certainty and Accountability	21
Discussion question 6: Measures and performance	21
Discussion question 7: What does success look like	23
Targeting and Accessibility	25
Discussion question 8: Client vulnerability and service delivery	25
Collaboration and Coordination	28
Discussion question 9: CaPs and BBF	28
Discussion question 10: Improving collaboration and innovation	28
Capability and Innovation	33
Discussion question 11: Capability Building Support	33
Discussion question 12: Supporting innovation	36

Reform objective

The key focus of reforms is improving and measuring outcomes for Australian families and children. This includes ensuring the substantial investment under the Families and Children Activity is most appropriately targeted to support Australian families and children who need that support most.

There are five key themes for these reform ideas.

Outcomes

It is critical we continue on the journey to move from measuring inputs (resources provided) and outputs (how much is delivered) towards outcomes (what is achieved), in order to strengthen our focus on making a real difference in the lives of Australian families and children.

Proposed improvement:

- Develop an overarching **outcomes framework** for in-scope programs. This will be developed and refined with input from service providers over 2021-22.
- **Introducing the reporting of outcomes** through the Data Exchange Partnership Approach as a requirement for all in-scope programs (phased in from 1 July 2021). This will be in new grant agreements.
- Service providers will be asked to demonstrate how and why, based on evidence, their program activities will contribute to the intended outcomes.

Certainty and Accountability

Certainty of funding arrangements is key for service providers to build trust and engagement with clients, maintain workforce continuity and provide time to realise improved outcomes. It is also important to ensure greater certainty is balanced with accountability.

Proposed improvement:

- Implementing longer-term grant arrangements for **Communities for Children Facilitating Partners (CfC FP)**, **Family Relationship Services (FARS)** and **Family Mental Health Support Services (FMHSS)** for five years to 30 June 2026.
- Extending ongoing **Children and Parenting Support (CaPS)** and **Budget Based Funding (BBF)** services for two years to 30 June 2023, (with the exception of five CaPS services that are delivered at a national level, which will be extended for five years to 30 June 2026).
- To achieve greater certainty, while also balancing ongoing service quality, it is proposed that **longer-term grant arrangements have designated review points** to ensure relevant performance standards are met.

Targeting and Accessibility

Some families and children experience multiple and complex needs and are at greater risk of experiencing poorer outcomes than other families and children.

Proposed improvement:

- Strengthen **targeting** of services to families experiencing **vulnerability and multiple and complex needs**.
- Other ways of strengthening the targeting and accessibility of services might include improving the **cultural appropriateness** of service delivery, developing strategies to **reduce stigma**, and **developing stronger referral pathways**.

Collaboration and Coordination

We know there is continued room for better collaboration and coordination between services that support families and children. It is important that organisations within a community link or partner with one another, identify community needs, develop strong referral pathways and work together to coordinate holistic support and drive improved outcomes for families and children.

Proposed improvement:

- Bringing **FMHSS** (as a whole) to sit under the Families and Children Activity. Given the focus of FMHSS on early intervention support with a family and carer focus, there is a good synergy with other Families and Children programs.
- **Better integrate CaPS and BBF services** into the CfC FP program where suitable. Consultation will inform exactly what this might look like.

Capability and innovation

There are opportunities for capability building to better support service providers, particularly to enhance organisational capability in outcomes measurement and reporting.

Proposed improvement:

- Refocus existing **capability arrangements** to key areas, such as organisational support that encourages and champions evidence, outcomes measurement and reporting, evaluation and better targeting services to families experiencing vulnerability or families with multiple and complex needs.

Enhance existing grant arrangements to **encourage innovation** that better contributes toward.

Executive Summary

Better Place Australia has welcomed the opportunity to provide feedback about the family and children's services discussion paper. Our response is based on responding to the questions as posed in the discussion paper. In the Executive Summary we have drawn upon the eight themes that emerged for us as we have written our response. We found these themes existed across a number of the questions posed:

1. The COVID-19 response

A significant shift to video and telephone sessions has taken place. Delivery of services are no longer defined by proximity of an office location. This move has an implication for grant boundaries - how is this to be responded to?

Our financial counselling area was quickest to respond because the transition to remote service delivery was facilitated by additional capital funding for remote workstations.

2. The model lacks dimensions

The 'Families and Children Programs Aims and Outcomes' diagram (see Figure 3, Diagram two - Families and Children Programs Aims and Outcomes on p14) lacks two dimensions that we consider to be in close association with the other domains – Financial Health and Mental Health.

We suggest the term social connection instead of social ties as it brings in the implication of the role of technology in maintaining social cohesion.

Safety has dimensions of physical, emotional, psychological and financial. Where does coercive control become acknowledged within the outcomes?

We recommend that the focus on better outcomes for children and their development should be informed by a more inclusive model such as Bronfenbrenner's ecological systems theory.

3. The definition of families is too narrow.

The domain of family relationships is too heteronormative and focused on a nuclear family structure. This requires addressing in the description of families.

Better Place Australia supports Australian families across generations. We consider that there is an inadvertent ageist approach to the application of what a family is and that a discussion is required to consider a policy approach. To consider that older people do not have 'family relationship issues' is exclusionary.

The social isolation of the pandemic has marginalized a cohort of those who are not digitally connected because of financial disadvantage or age. We consider that piloting voice assisted technology trials using readily available (and relatively cheap) devices should be conducted.

4. The disjoint between outcomes, reporting and interpretation

Our experience is that the Activity Work Plan (AWP) and the Data Exchange Reporting (DEX) are not aligned to each other. The information on the data exchange is difficult to interpret. To facilitate comparisons there would need to be a more prescriptive approach for the definition of a particular data input.

Program logics should be a requirement however the framework will need revision over time. We are concerned that the measurement and subsequent data seeking to report on the SCORE measurement has the risk of becoming overly onerous.

Data Exchange Reporting: Our practitioners do not see how DEX is relevant.

An outcome implies an end point: We find that are clients who may not have an outcome but rather an increase in stability or a reduction of an issue.

Activity Work Plans (AWP): The AWP's require additional work to complete. Can we expect some feedback on common threads that are emerging from them relevant to the reported program?

Financial issues and mental health issues are a consistent presenting need of our clients. The outcome measurements could consider how this is seen in reporting beyond an ambiguous wellbeing reference.

Connecting the levels of government funded services will be challenged by data sharing restrictions (e.g., Family Law matters).

We recommend that the outcomes discussion should consider an alignment with Domain two of the Victorian Government's Family Violence Outcomes Framework (January 2021 update¹).

5. Early intervention and prevention need a continued focus

Better Place Australia would urge that the department reflects upon the required balance between services that are driven by *time and criticality*, and services that offer a *broad access and early intervention approach* to families and children services. Family systems have many moving parts, neglecting one part can have unintended consequence upon the future development of a family's wellbeing.

The multi-stream, multi-government level approach results in siloed decision-making and for service providers a challenge to coordinate services for an individual or family and vulnerable groups.

¹ State Government of Victoria, (2021), Family Violence Outcomes Framework, Retrieved from <https://www.vic.gov.au/family-violence-outcomes-framework>

6. Funding management and role development – can this happen?

Better Place Australia notes that this consultation paper refers to Funding Arrangement Managers to assume a greater role between jurisdictions as well as better local service coordination and integration on the ground. We are fully supportive of a shift to relational management rather than administration, however we are curious as to how this can happen – are there to be new roles to facilitate this specialty?

We would draw attention to the example of Family Law Pathways Network (FLPN) roles – this is a funded part time stream but effective in this capability raising role. We consider it to be a good example of how service providers can work collaboratively with each other and between other government and non-government agencies.

Better Place Australia agrees with the recommendation to bring in the **Family Mental Health Support Services** program to sit within the Families and Children Activity.

7. Hubs are cited yet again

The idea of 'community hub' models or co-location of services to support coordination and service access for families is good but what is the role of Family Relationship Centres (FRCs)? This proposition needs a rethink and a better approach to integration and purpose. We host two centres and would value participating in consultation around the development of this proposition.

Better Place Australia suggests a review of the role and effectiveness of the Family Relationships online function. Is this not a virtual hub? What has been its role in the pandemic? As it is online, what is its role in being effective and supportive in enquiry generation and referral? It should be more central and visible as part of FRC referral networks - limiting listings only to online mediums is not enough if effective capability raising is required.

We see value in the Communities for Children Facilitating Partners program, however the consultation has not provided enough strategic direction priority and investment appetite to indicate how big a pivot this could be. It is important to explore the strategic planning and investment profile for this.

8. No clear direction for innovation

The paper considers that outcomes result in driving an innovation – this reasoning is flawed. Would it not be better to start with a problem/common issue and then work towards current outcomes measured to verify aspects or components of it?

In the area of service innovation Better Place Australia has not found an external pathway to assist in innovation within the current department structure. The Department of Social Services (DSS) grant guidelines talk of innovation as part of its principles, however no method is outlined as to how this happens.

In relation to the Expert Panel, we consider that any Panel members should be at an arm's length away from service provision/outcomes that the Panel is making recommendations about. Panel members should have no association with grant applications for new or additional services that they have capacity to deliver.

Better Place Australia has found that attending and contributing to events hosted by the peak body Family and Relationships Services Australia (FRSA) are the most useful opportunity for fostering innovation. We were surprised that the discussion paper did not acknowledge the role of the peak body particularly as the department commits funding to the running of the body.

Recent and emerging impacts on service delivery

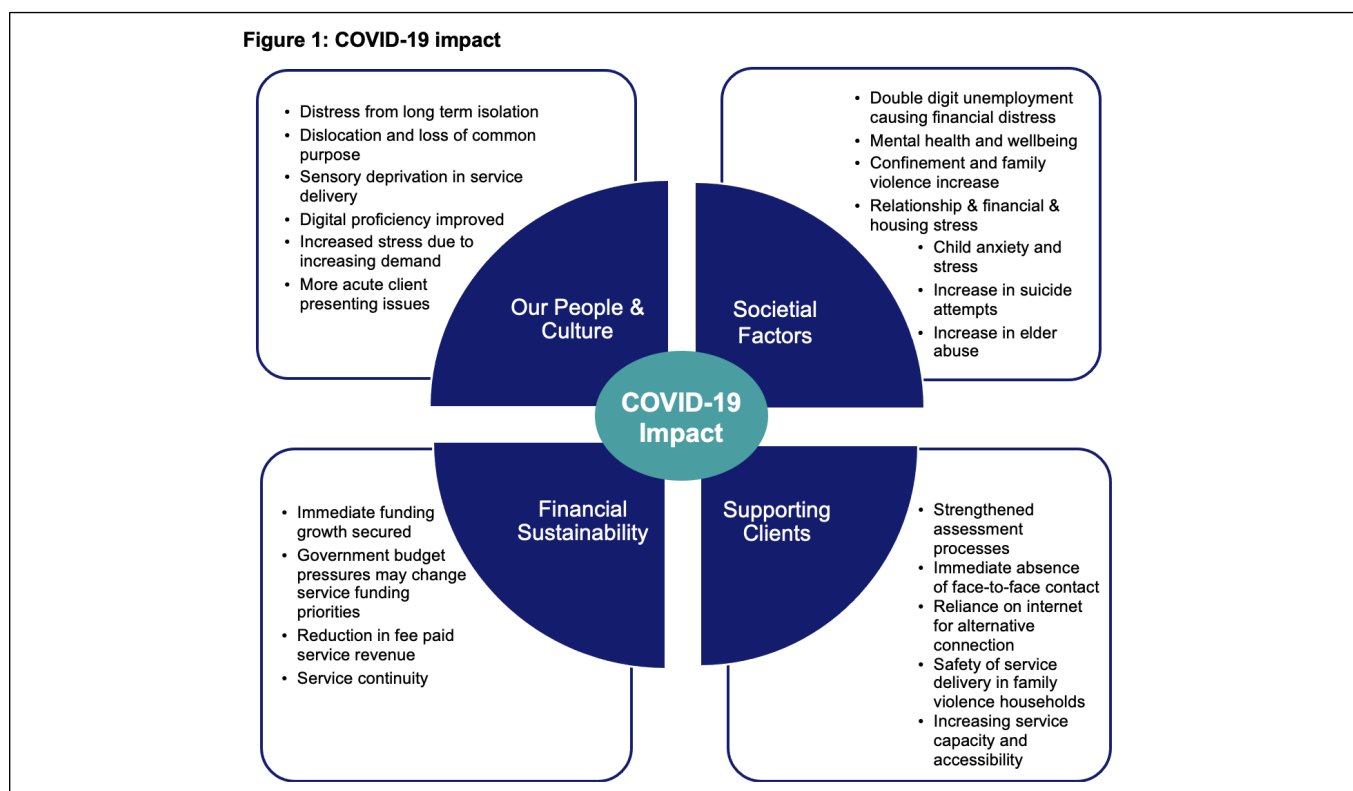
The department has heard from you that this is a new and challenging service environment, given the recent 2019-2020 bushfires, drought, floods and the ongoing Coronavirus pandemic, with many service providers seeing an increase in service demand and an increase in the level of complexities facing families. We recognise these events have impacted service delivery and clients' ability to access these services. We are keen to understand these impacts further.

Discussion Question 1: Recent and emerging impacts on service delivery

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?

The Environment

Better Place Australia planned their response to COVID-19 based on the likely impact upon four domains as is illustrated in the following diagram (Figure 1 below).



Better Place Australia supports Victorians during their times of struggle by working alongside people to help them build resilience and resolve difficult personal situations. Our purpose is to assist people through some of the difficult times of their lives and help them to move on with better skills to deal with any future challenges, strengthened by positive changes.

Our vision is an Australia where all people experience positive relationships, truly value each other, and live safer, more confident lives. This is supported by our mission:

We help people to become more resilient, to empower them and to enjoy healthier relationships, by building their skills and knowledge, giving guidance and tools, and supporting them through challenging times.

Significance for our Service Support and Delivery

The long-term impact of COVID-19 is significant – affecting the unemployment rate and resulting in a general contraction of the Australian economy. With the ongoing uncertainty from the pandemic, we can expect more Australians to be forced into a position of financial hardship and we expect opportunities for financial counselling to flow from this. In the interim it is essential to offer and broaden accessibility.

The impact of social isolation arising from COVID-19 is expected to lead to a general decline in community mental health. This combined with a response to the Royal Commission into Aged Care and Mental Health portends to an increase of the need to support the mental health of those in isolated households, residential care and the general community.

Digital Service Delivery

A significant shift has happened in digital service delivery. Clients are still preferring phone delivery at a rate of 60 /40. The relative newness of online video as a service delivery medium would traditionally see a slower uptake, but video service delivery has grown twenty-fold. Staff are required to become familiar with video communication and connecting to other staff and clients in a rapid learning curve. The Better Place Australia development of a cloud-based phone system, the Genesys Cloud contact centre platform (PureCloud), has been fortuitous in facilitating skills and the ability to connect. We have been able to deploy immediate remote service provision by staff from their residences once restrictions were announced.

In Family Dispute Resolution (FDR), elements of the process are increasingly being integrated into online delivery forms with Child In Focus (CIF) and Property mediation. Shuttle Online tools are slower for other services. However, the digital acceptance has grown and continues to grow.

We have been getting some enquiries from clients who are outside our grant geographical boundaries. We have also found that 'no shows' have reduced as clients do not have to travel to an appointment. With the pandemic, there is also an additional emerging element of safety risk for some clients where they may be subject to controlling partner surveillance. We have offered phone and video service provision options where a client may feel more secure to have a session in their car or parked away from the home.

The delivery of remote services has resulted in the need to redevelop service/clinical guidelines, procedures, and approach, particularly in therapeutic services for vulnerable clients. Without the presence of the client in the room, practitioners have had to adapt their assessment and observation methods to ensure critical signs are not missed. Better Place Australia is of the view that this has now become a new body of work that requires more research and development to ensure a high standard of services are maintained.

Awareness Raising Change

Clients seeking services are searching online more than ever before. The use of digital technology and online mediums to fulfill information-seeking objectives has grown exponentially and is only set to grow with the dramatic shift to online mediums to fit work, personal and family life. With this shift, we have made sure that our digital presence is frequent and visible for when people are searching for our range of services.

Offering clients contact and connections out of the typical 9 to 5 standard period is likely to increase as the community changes its behaviour and expects responses at times that suit them. Rather than being confined to a physical office, having remote service allows clients more flexibility in the way they engage with services and eliminated travel times as a barrier.

Additional Grant Revenues

Since the emergence of the COVID-19 pandemic, we have received additional funding to better respond to client needs.

Financial counselling services

Through our Financial Counselling service stream, we have been funded through two additional grants from the DSS:

- We have been funded with a supplementary funding to be able to respond. This additional money is to respond to an anticipated increase in clients demand and complexity. The need was able to be met with this supplement.
- Similarly, the support for an anticipated increase in calls due to rising levels of unemployment, the National Debt Helpline component of our financial counselling service, received additional funding.

We did make applications to pilot voice assistance technology in the households of isolated individuals however these were not successful.

Improved infrastructure

We were also successful in applying for separate funding from the response and recovery grant round to assist community organisations during COVID-19. This grant enabled us to scale up the IT outfitting for our service delivery staff for better remote servicing of clients in May 2020.

Client Services

Overall client enquiry activity has been increasing month on month during the COVID-19 period in 2020 an increase of 25% over the first six months.

This has similarly been reflected in the number of our Intake client services items being managed per day over this period, with the Intake team managing an increase in calls and an escalation in complexity.

Whilst there are continued challenges for the Client Services teams to operate collaboratively and maintain a sense of connectedness whilst working from home, our new PureCloud communication technology has allowed client-facing operations to continue as normal for the most part with no detrimental impact for our potential, new and existing clients. This has been helped by the establishment of effective remote leadership, communication and collaboration forums to allow for the resolution of specific client or operational issues, and to support dissemination of critical information and to engender a sense of team connectedness despite the isolation of individual workers.

People

The overall people strategy through the COVID-19 period has been characterised by three common themes: **Structure**, **connection**, and **well-being**.

Structure

At the commencement of the COVID-19 pandemic, Better Place Australia put in place and continue to operate within the following people-related infrastructure:

- Pandemic Policy
- Work from Home Risk Assessment Safety Checklist
- Work from Home Workplans (for individual staff members).

Frequent and consistent publications on the staff intranet providing Employment Assistance Program (EAP) contact information and related mental health and well-being resources enable staff to tap into the available and additional services offer through our EAP provider.

The information relates broadly to the following categories:

- Life
- Family
- Relationships
- Money

Staff also use the intranet as a means of connecting to one another across our geographically diverse locations, providing social and team bonding opportunities within a work context.

Supporting older people during the Pandemic

Considering the challenges that have presented itself due to the pandemic, we have been offering a range of service options for our older clients - providing telehealth video, phone and face-to-face appointments (where we can safely do so). Due to our additional services for older people (over the age of 65) we have a growing cohort of older clients.

Older people face a heightened risk of exposure to COVID-19 and as a result may opt to remain physically distanced despite the gradual loosening of restrictions. Unfortunately, physical distancing may also mean that they face increased social isolation from social and support networks and the wider community.

We have seen an increase of 25 to 30% in cases in a year-on-year basis in the areas we are currently servicing.

Our family consultants observe several themes and emergent issues amongst Elder Abuse clients:

- Social isolation is leading to increased stress in the homes of older people and increased carer stress.
- Social isolation of older people in their homes is exacerbating elder abuse as other family members and services are not attending these households as often to observe and monitor what is occurring behind closed doors.
- A greater number of cases involving adult children and grandchildren returning home due to the loss of their jobs. We are also seeing more cases where grandchildren are perpetrating abuse.
- Older people are feeling greater stress as they are having difficulty accessing some services and experiencing a reduction in family support.
- Cases are becoming more complex, in part influenced by the rapidly changing environment.

An alarming 50% of our clients who access our elders service during the pandemic have disclosed that they experienced elder abuse. Our family consultants feel that the isolation of older people and being forced to rely more heavily upon a limited number of carers and family members is leading to a greater risk of abuse, often hidden.

2020 in summary

Over the last 12 months, we have seen a 31% increase in total client sessions due in part to the pandemic. As a result of the lockdowns, face-to-face consultations has seen a significant shift in medium of service delivery.

Better Place Australia has acted swiftly to fortify its existing capacities to present a range of remote service options to vulnerable clients. As a result, we saw a rapid uptake of clients seeking support through online video, now at 40% of appointments and phone at 60%.

The true impact of COVID-19 on families is only becoming clearer as we move gradually to a COVID-safe society. There will be a significant number of people who will continue to be affected in the short and long-term. We expect that we will likely see an increased number of people accessing mental health services and support – taking into consideration the ever-present concerns about attending in-person services, clients will likely seek support options in varying ways such as remote services. Our annual data is as below (Figure 2):



Figure 2: Better Place Australia annual data

Response Summary

A significant shift to video and telephone sessions has taken place. Delivery of services are no longer nearly defined by proximity of an office location. This shift has an implication for grant boundaries - how is this to be responded to?

The supplementary funding to financial counselling enables Better Place Australia to better service clients beyond relationship and counselling needs. Financial stress leads to relationship stress particularly in times of lockdown and a rapid increase in unemployment. The intersectionality of issues should be planned for by the department.

We consider that the social isolation of older people is a significant issue - the definition of families must be expanded to enable a deeper response involving adult children and grandchildren with their aging parents.

The definition of families is too narrow. This should be acknowledged by the department as

responses are siloed into aged care and are not family inclusive.

The social isolation of the pandemic has marginalized a cohort of those who are not digitally connected because of financial disadvantage or age. We consider that piloting voice assisted technology trials using readily available (and relatively cheap) devices should be conducted.

Outcomes

The department has presented an outcomes model and is keen to work with you on strengthening our focus on driving improved outcomes for Australian families and children. We heard in previous consultations that it is critical we shift the emphasis from outputs (how much is delivered) to outcomes (what is achieved).

The new overall framework follows.

Figure 3: (Diagram two) Families and Children Programs Aims and Outcomes

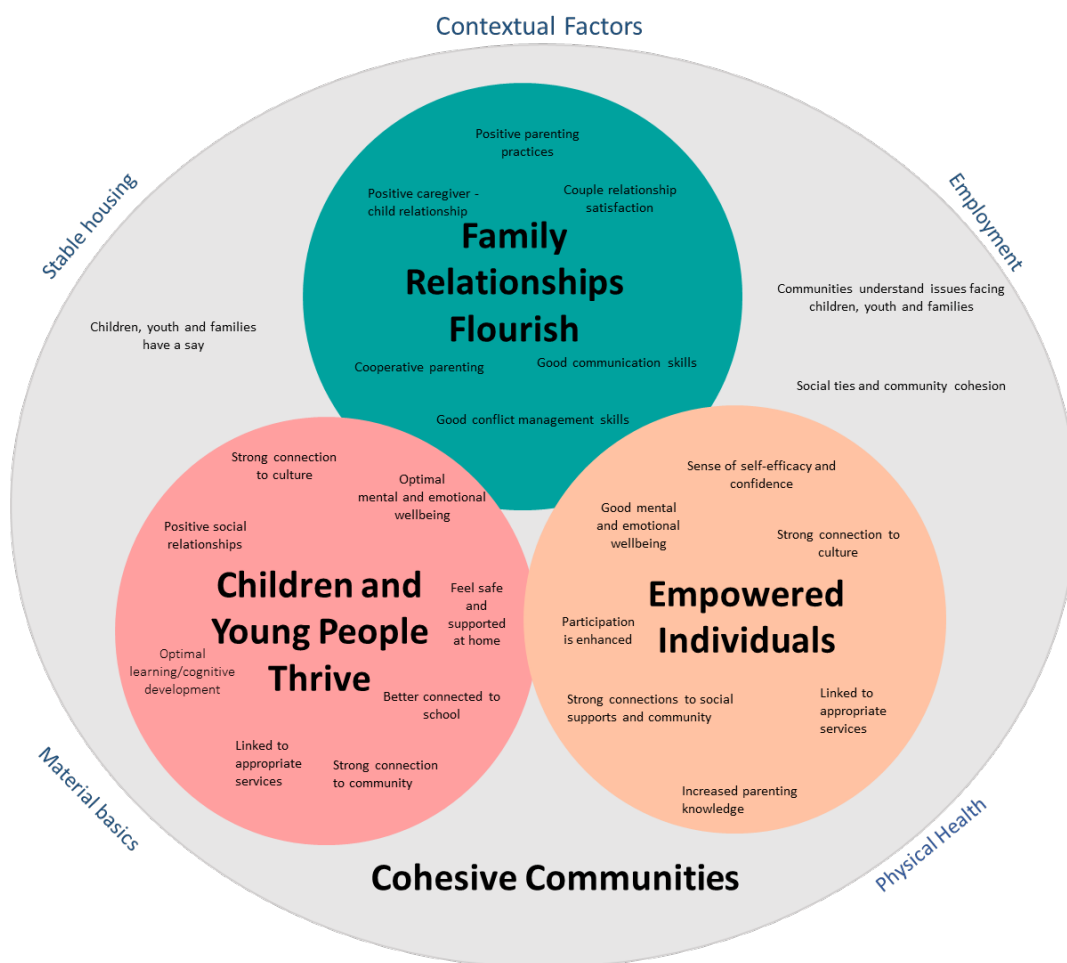


Figure 3 (Diagram two) highlights four key aims of the families and children programs:

- Children and young people thrive
- Family relationships flourish
- Individuals are empowered
- Communities are cohesive.

These aims are strengths-based and aspirational. The aims are shown as overlapping circles in acknowledgement that they are interacting. The **associated outcomes** are listed within the circles. Research literature has shown these outcomes are linked to improvements in families and children's wellbeing now and into the future. They are also linked to the prevention of health and social problems in the longer term, which has positive flow-on effects for broader society.

Discussion question 2

Are the proposed key outcomes for the families and children programs the right ones?

In general, the suggested domains for the outcomes are framed positively and are strength-based. As this is a key expectation of the reform this is logical and consistent. In the development of these outcomes, has a lens been applied to consider what structural issues are being addressed?

The diagram is informed by wellbeing improvements and can be applied in general terms to outcomes frameworks for service streams. With this applied approach it may be that that structural issues and problems are not responded to. The outcomes approach focuses on defined goals yet there may be systemic issues that will reduce the impact or efficiency of the service outcome. For example, three levels of services (Federal, State and Local Council) may not be coherent to users and it may be difficult to locate or choose the best service.

Better Place Australia observes that its clients will present with one issue, however they frequently have other concurrent issues. Outside the Family and Community services (FaCs), Better Place Australia also supports clients through financial counselling, elder abuse prevention and mental health support. The diagram we think would benefit from the addition of a further two contextual factors;

- Financial health, and;
- Mental health.

Better Place Australia considers that there is an inadvertent ageist approach to the definition of a family. Older Australians have families, they have adult children, and they have grandchildren. To consider that they do not have 'family relationship issues' is exclusionary. The magnitude and needs of an older demographic with family issues that could be responded to by family relationship services is denied. Their children may be adults, however parental issues and concerns continue over their lifespan.

With regard to the four aims as defined generally, the aim and listed expected outcome are appropriate. Some comments are:

- There is a vagueness to some of the outcomes. We realise that the outcomes will sit across several services and to be applicable will be general in nature. Services will be measuring the outcomes in different ways - what will be helpful would be some guidance on the dimensions/measurements with examples.
- Some of the outcomes have an unintended consequence of pathologising children.
- The domain of family relationships is too heteronormative and focused on a nuclear family structure. Better Place Australia provides support to separating LGBTIQ+ families and see the diversity of family structures; the prescription of 'couples' for example can exclude the community.
- Notions of kinship that extend beyond a nuclear definition should also be acknowledged. They may be implicit within the outcome but the language being used is not inclusive.
- Regarding community cohesion, Better Place Australia considers that the outcomes lack inclusiveness. From our field work we see that one of the cohorts most affected by COVID-19 has been older people. In the aim and outcomes described they do not exist. Families do not stop when a child turns eighteen.
- Having continued providing services through the hard lockdown, Better Place Australia considers that connectedness should be an acknowledged outcome. The term 'social ties' is too narrow a phrase and lacks the implication of the role of technology in maintaining social cohesion.

Response Summary

The consultation paper's Diagram two, which represents program aims and outcomes lacks two dimensions that we consider to be in close association with the other domains – Financial Health and Mental Health.

Better Place Australia supports Australian families across generations. We consider that there is an inadvertent ageist approach to the application of what a family is and that a discussion is required to consider a policy approach. To consider that older people do not have 'family relationship issues' is inaccurate and exclusionary.

The domain of family relationships is too heteronormative and focused on a nuclear family structure. This requires addressing in the description of families to make it inclusive.

'Social ties' is not a strong enough phrase. We suggest the term 'social connection' as it brings in the implication of the role of technology in maintaining social cohesion.

Discussion question 3

How can we include strengths-based outcomes that focus on family or child safety?

In looking at the discussion paper's diagram two, *safety* should be more explicitly represented and expressed. Safety underpins a cohesive community – *Safe & Cohesive Communities* would be a preferable expression. Safety should be an outcome at each level – community, family and individual. Safety has dimensions of physical, emotional, psychological and financial. Where does coercive control become acknowledged within the outcomes? Adapting to the times will also require a consideration of online safety ('eSafety') for a client and how this is assessed and reported on.

The inclusion of safety would also require greater acknowledgment in the program logics model for each service.

The safety outcome will not be the same measure across different service streams. Discussion will be necessary to shape a more complete and cohesive approach that addresses the diversity of safety outcomes across the service streams.

Better Place Australia recommends that the outcomes discussion should consider an alignment with Domain two of the Victorian Government's Family Violence Outcomes Framework (9 January 2021 update³)

The second domain of the framework is relevant as it includes specific outcomes of *Families are safe and strong*. This outcome is intended to measure early interventions that prevent harm to children and young people and enabling families to access effective support services when they need them. An 'integrated' family violence system comprising of specialist and non-specialist family violence services (that work in tandem) would provide a greater and more effective safety net for those subjected to family violence.

Specific funding for family violence specialist workers remains critical – without this funding stream non-specialist programs services will face many barriers to achieving the shared outcomes of addressing family violence.

The non-specialist family violence services could consider a narrower set of derived outcomes that could include:

- Reduction in harm as a result of family violence
- Reduction in family violence amongst women who are pregnant or have a newborn
- Reduction in the level of risk for victim survivors immediately post-separation
- Reduce disruption to positive family connections.

Each service will have its own current 'Responding to Family Violence' guidelines. The second domain may be a useful outcomes suggestion for non-specialist services. The domain also

³ State Government of Victoria, (2021), Family Violence Outcomes Framework, Retrieved from <https://www.vic.gov.au/family-violence-outcomes-framework>

addresses other outcomes that relate to education disruption, financial stability, housing and cultural/family/community connections.

Response Summary

Safety should be an outcome at each level – community, family and individual. Safety has dimensions of physical, emotional, psychological and financial. Where does coercive control become acknowledged within the outcomes?

Better Place Australia recommends that outcomes discussion should consider an alignment with Domain two of the Victorian Government’s Family Violence Outcomes Framework (January 2021 update⁴) The non-specialist Family Violence services could consider a narrower set of derived outcomes based on this.

Discussion question 4

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

Our experience is that the Activity Work Plan (AWP) and the Data Exchange Reporting (DEX) are not aligned to each other. Better Place Australia’s experience is that we are obliged to put more data into the AWP as DEX does not adequately cover the work that we do.

Organisations across the sector use a range of third-party software. This means that there is no common tool to enable shared access and streamlined database. Without a common tool then how can comparisons be made and lessons learnt?

There is interpretation of the application and inconsistencies between data sets by each service provider. To facilitate comparisons there would need to be a more prescriptive approach for the definition of a particular data input.

Without this consistency of data definition, some important questions arise in the following questions:

1. Does the data exchange provide an overall database view of aggregation for the sector?
2. During data entry into DEX you nominate the domain before selecting the level of improvement. Without a consistent definition of what is measured within a standardised tool, how can a service be comparatively appraised?
3. Within the data recording also sits the issue of how the data is being reported – it is unclear if this is by the practitioner or by the client?

⁴ State Government of Victoria, (2021), Family Violence Outcomes Framework, Retrieved from <https://www.vic.gov.au/family-violence-outcomes-framework>

We fulfill our obligations to report but find the information on the data exchange difficult to interpret.

Response Summary

Our experience is that the Activity Work Plan (AWP) and the Data Exchange Reporting (DEX) are not aligned to each other. Better Place Australia's experience is that we are obliged to put more data into the AWP as DEX does not adequately cover the work that we do.

To facilitate comparisons there would need to be a more prescriptive approach for the definition of a particular data input.

We find the information on the data exchange difficult to interpret.

Evidence

Discussion question 5

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?

Better Place Australia finds the program logic approach to our different programs invaluable. Prior to 2016, we struggled with consistency between programs and what the program should be achieving and reporting on with its clients.

Better Place Australia engaged an external consultant at the time and reviewed each of our programs, mapped out a logic model and defined what outcomes we should be seeking to measure. The outcome framework outlined by program was initially not fully supported by our software however we were over time able to source better software and introduce a broader means to measure outcomes. The framework was also useful to refine our practice and improve the quality of our supervision.

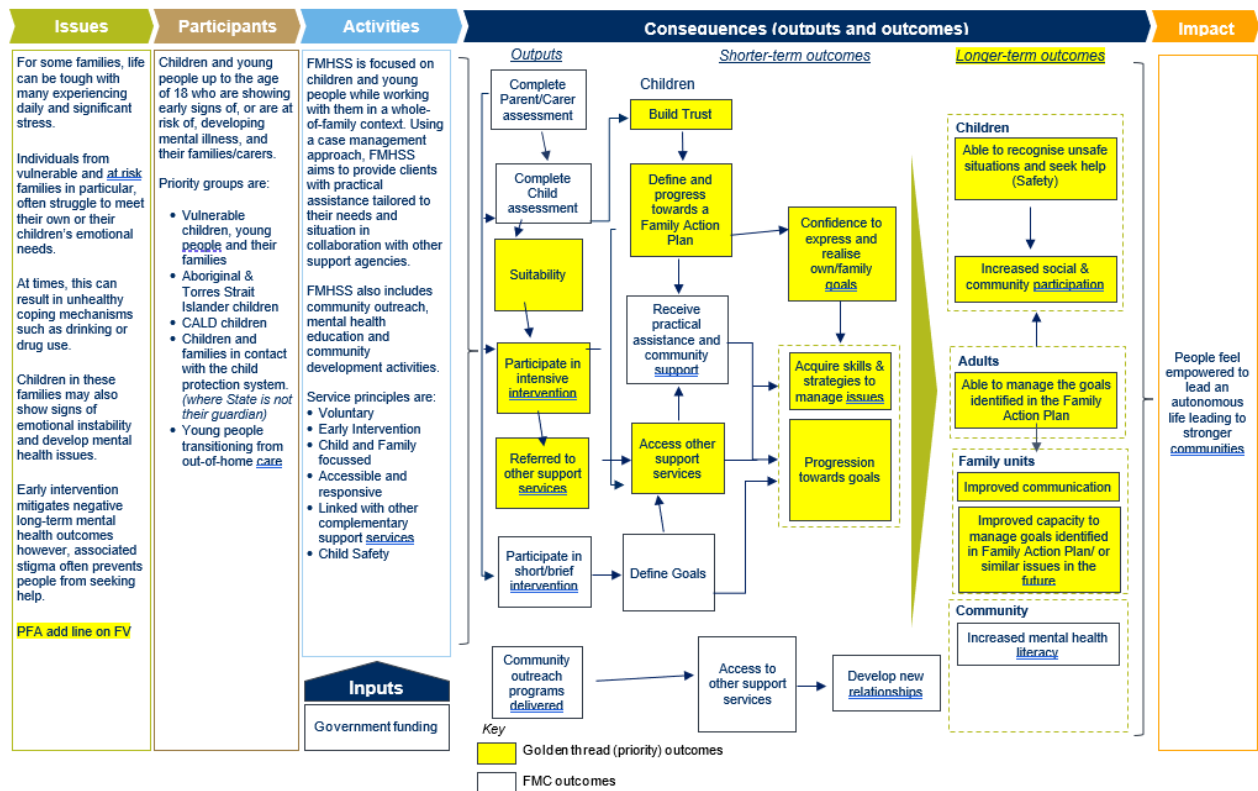
Below we have included one our original outcome frameworks from 2016. (Figure 4)

We find it is important to use a golden thread approach to focus on the priority outcomes. The outcomes defined by cohort is useful when considering if our practice guidelines are adequate to address the achievement of the outcomes.

This was our original model, the outcomes have been substantially updated.

Figure 4: Logic model for FMHSS (Original 2016 version)

Logic Model: Family Mental Health Support Service (FMHSS)



Response Summary

Program logics should be a requirement however, the framework will need revision over time

The derived outcomes framework is also useful to refine our practice and improve the quality of our supervision.

Certainty and Accountability

Starting with longer-term grant arrangements

The department has heard from you that this is a new and challenging service environment, given the recent 2019-2020 bushfires, drought, floods and the ongoing Coronavirus pandemic, with many service providers seeing an increase in service demand and an increase in the level of complexities facing families. We recognise these events have impacted service delivery and clients' ability to access these services. We are keen to understand these impacts further.

Reform snapshot: starting with longer-term grant agreements

- Starting with the implementation of **longer-term grant arrangements for Communities for Children Facilitating Partners, Family Relationship Services and Family Mental Health Support Services** for five years to 30 June 2026 with **review points**.
- Extending ongoing **Children and Parenting Support (CaPS)** and **Budget Based Funding** services for two years to 30 June 2023, (with the exception of five CaPS services that are delivered at a national level which will be extended for five years to 30 June 2026).

Discussion Question 6:

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?

Better Place Australia would like to raise some issues that are not preventing our program delivery but which we consider are impacts of data requirements for DEX reporting.

Score Measurement: We are concerned that the measurement and subsequent data seeking to report on the SCORE measurement has the risk of becoming overly onerous. We find that SCORE can be a blunt instrument and may not be clinically appropriate. What does this instrument achieve – is it informing policy? We find that it is influencing our practice through reporting requirements for additional dimensions - is this what is intended? We consider that SCORE can be too general and that we are making data fit inappropriate domains.

DEX: Our practitioners do not see how DEX is relevant.

An outcome implies an end point: We find clients may not have an outcome but rather an increase in stability or a reduction of an issue.

Activity Work Plans: The AWP's require additional work to complete. Can we expect some feedback on common threads that are emerging from them relevant to the program?

We acknowledge that the role of the AWP is useful to appraise the program status. Our caution is that if work plans become longer, they defeat the intention of reducing red tapes in the provision of government funded services

Duplication of effort: We are finding that there is a duplication of effort. Data entered at first instance is often followed by further requests for intermediate additional data. This seems to be increasing in frequency from the department, is ad hoc and follows no discernible logical flow.

We would like to better understand the rationale for additional data requests. We are seeing repetition of data on DEX and the workplans and we wonder if the purpose of the data could be better approached in another way given the time and effort required to meet this requirement.

We presume that a need for additional data is to help better clarify or understand an issue. As long-term service providers, if we now the principle behind these requests, we may be able to assist with developing the insights sought.

Response Summary

We are concerned that the measurement and subsequent data seeking to report on the SCORE measurement has the risk of becoming overly onerous. It is also inadvertently influencing practice.

DEX: Our practitioners do not see how it is relevant.

An outcome implies an end point: We find that clients may not have an outcome but rather an increase in stability or a reduction of an issue.

Activity Work Plans: The AWP's require additional work to complete. We welcome feedback on common threads that are emerging from them relevant to the program.

As long-term service providers if we know the principle behind additional information requests - we may be able to assist with developing the insights sought.

Discussion Question 7:

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

Better Place Australia assesses the success of its service through qualitative and quantitative data.

An Outcomes Framework is in place for all services and collects both Client Reported Outcomes and Client Experience Surveys.

Some tools utilised include:

- K5 or K10 surveys
- Geriatric Depression scale
- UCLA-3 Item Loneliness scale
- SDQ (Strength Difficulties Questionnaire)
- Better Place Australia Client Experience survey (included three SCORE satisfaction questions).

Better Place Australia is familiar with a range of outcome measures and experience surveys and adapts processes to ensure collection and evaluation occurs regularly. Client outcomes can be small and incremental in some cohorts.

The service delivery model will meet the quadruple aim by:

- Ensuring client experience is measured and initiatives put in place to improve client experience.
- Program outcomes are measured and tracked, and improvements made to the program as indicated by data. Client reported outcome tools are utilised to measure outcomes as well as post service delivery collection.

As an example of how we view success, the following FMHSS Outcomes (Figure 5) shows how we manage the framework.

Response Summary

Success for a program can be seen intra-organisationally. However, comparing outcome measurements inter-organisationally is not a valid method due to differing definitions and data reporting methods and measurements.

Figure 5: FMHSS Outcomes – Enhanced model

Outcome ID	Service	Outcomes	Outcome Definition	Indicators	Data source	Data Collection tool	Timing	Data collection approach	Questions 6yrs & Under	Questions 7+yrs.	Answer Cohort	SCORE Related
1.	FMHSS	Suitability	Is the child/family suitable for the service	% of children and families suitable for service	Practitioner	Suitability Tool (To be developed)	After assessments and ongoing throughout service					
2.	FMHSS	Build Trust	Children can communicate feelings or issues to Support Co-ordinator	% of children who communicate feelings and issues to Support Co-ordinator	Support Co-ordinator	Assessments and session summaries (to be developed in session summary)	1 st and 2 nd Session, mid service					
3.	FMHSS	Confident to express and realise own/family goals	Feel comfortable to discuss and build goals	% of long-term families/children who have goals established		Family Action Plan						
4.	FMHSS	Participate in intensive intervention	Client actively participating in Family Action Plan	% of families/children who attend scheduled appointments	Support Co-ordinator	Penelope	Reviews of Family Action Plan 3 <u>monthly</u>					
5.	FMHSS	Referred to other support services	FAP or Goals indicate referrals	Referral matches client need identified in goals or FAP	Support Co-ordinator	Penelope	Family Action Plan or Goals					
6.	FMHSS	Access other support services	Client accessing other services	Support co-ordinator consultations with support services	Support Co-ordinator	Client Closure Form Session Summaries Case notes						
7.	FMHSS	Progression towards goals	Completion of goals and implementation of strategies									
8.	FMHSS	Acquire skills & strategies to manage issues	Improved coping strategies	% of children who exhibit resilience when dealing with stressful situations	Child	Child Outcomes Questionnaire (Pre, Post & Follow-up)	1 st Child Session & at case closure		How are things for you at home?	How are things in your family	6yrs & Under Pictorial	5 Point Scale
					Adult	Adult Outcomes Questionnaire (Follow-up)	3-month post case closure					
9.	FMHSS	Able to recognise unsafe situations and seek help (safety)	Psychoeducation and help seeking behaviours	% of children who can identify the difference between safe and unsafe situations	Child				I feel safe		6yrs & Under Pictorial	5 Point Scale

Targeting and Accessibility

Some families and children experience multiple and complex needs and are at greater risk of experiencing poorer outcomes than other families and children.

Reform snapshot: Targeting and Accessibility

- Strengthen targeting of services to families experiencing vulnerability and multiple and complex needs.

Discussion Question 8:

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?

The Victorian State Government provides Child Protection Services. Better Place Australia has an obligation to report risk and follow through to a referral to child protection.

Our services are based in 23 locations across Victoria, both offices and outreach locations.

Our client base varies significantly by location and have a variety of needs, frequently presenting with multiple vulnerabilities. To ensure that we have broadly available services, we have numerous outreach locations and participate in service provider forums and networks to receive and make referrals from all levels of government funded services.

For example, by region our clients present with the following vulnerabilities:

- Our Broadmeadows catchment has a high representation of culturally and linguistically diverse (CALD) clients.
- Our Traralgon office provides support to a greater number of Aboriginal and Torres Straits Islander (ATSI) clients.
- In the Frankston region, we have a higher representation of clients with trauma and Alcohol and Other Drug Services (AOD) issues.

The new section of the AWP further supports service providers demonstrating how they are engaging families who are experiencing vulnerability and are at increased risk of experiencing poorer outcomes.

All Better Place Australia practitioners conduct a comprehensive assessment of client needs, this will enable the complexities to respond to through service provision and referrals to either internal or external services.

Our services vary by location - in some locations we also provide financial counselling and psychological support. The discussion paper focuses on client issues that will fit under the National Framework however we note that financial issues and mental health issues are a consistent presenting need of our clients. The outcome measurements could consider how this is seen in reporting. The ambition of a long-term focus on early intervention and prevention to reduce the numbers and severity of families and children experiencing crisis in the future will need to be holistic and provide a fuller appreciation of the complexities that families face.

Linkages between existing investment in families and children is an issue

The successor to the National Framework will have a focus on families and children experiencing vulnerability. As outlined in the discussion paper this is to enable governments and sectors to better support those at-risk of engaging, or those who have already engaged with, child protection systems or are following up on those who have disengaged with the system.

The successor to the National Framework will focus on efforts to work towards shared outcomes for particularly vulnerable families and children. Better Place Australia through its practice, focuses on a strength-based approach to improving protective factors with evidence-based prevention and early interventions to help prevent engagement with the child protection system.

Connecting the levels of funded services will have its challenges, for example:

- Data sharing and Family Law matters confidentiality will be a significant challenge.
- Co-design efforts between agencies may be thwarted by agencies having different reporting requirements and different approaches to practice.
- The experience of families and children has heightened periods of risk such as separation, young people who are transitioning from out-of-home care, acute mental health episodes, and insurmountable debt. Pathways for interagency cooperation and how the funding streams respond to this will need definition to create an environment for a quick response to trigger events.

The future new strategy will have a focus on using co-design and engagement with Indigenous communities and ensuring the voice of the child is included in decision making. Given that this will require a multi sector approach, how will this be funded to be achieved? This work is beyond a consultation and requires a level of expertise to be system agnostic, funded independently and whose credentials are culturally acceptable. Federal and State Ministers may commit to a principle, but this work will require funding to succeed.

Finally, as a caution Better Place Australia would urge that the department reflects upon the required balance between services that are driven by time and criticality, and services that offer a broad access and early intervention approach to families and children services. Family systems have many moving parts and neglecting one part can have unintended consequence upon the future development of a family's wellbeing.

Another relevant obstacle to improving how services engage with vulnerable groups, particularly children, is the lack of service integration and partnerships with State funded services such as Child Protection. There is considerable overlap, double and various system hurdles to enable smooth and effective flow between Federal and State funded services.

Response Summary

The discussion paper focuses on client issues that will fit under the National Framework however, we note that financial issues and mental health issues are a consistent presenting need of our clients. The outcome measurements could consider how this is seen in reporting.

Better Place Australia through its practice, focuses on a strength-based approach to improving protective factors with evidence-based prevention and early interventions to help prevent engagement with the child protection system. Connecting the levels of funded services will be challenged by data sharing restrictions (e.g. Family Law matters).

Better Place Australia would urge that the department reflects upon the required balance between services that are driven by time and criticality, and services that offer a broad access and early intervention approach to families and children services. Family systems have many moving parts - neglecting one part can have unintended consequences upon the future development of a family's wellbeing.

Improving how services engage with vulnerable groups, particularly children, is the lack of service integration and partnerships with State funded services such as Child Protection. There is considerable overlap, double and various system hurdles to enable smooth and effective flow between Federal and State funded services.

Collaboration and Coordination

The need for collaborative and coordinated efforts to provide holistic support and drive improved outcomes for families and children is well recognised. The department has heard that much of the impact from families and children services is due to three things: delivering well-evidenced programs, making sure that funding is coordinated, and services are collaborating.

Reform snapshot: Collaboration and Coordination

- **Optimise the structure** of the Families and Children Activity, including incorporating Family Mental Health Support Services. Integrating Children and Parenting Support and Budget Based Funded services into a single program.
- **Better integrate Children and Parenting Support and Budget Based Funded services** into the Communities for Children Facilitating Partners program where suitable.
- **Work with state and territory governments** to identify service coordination mechanisms through development of the successor to the National Framework.

Discussion Question 9:

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?

This is not a service that Better Place Australia provides.

Discussion Question 10:

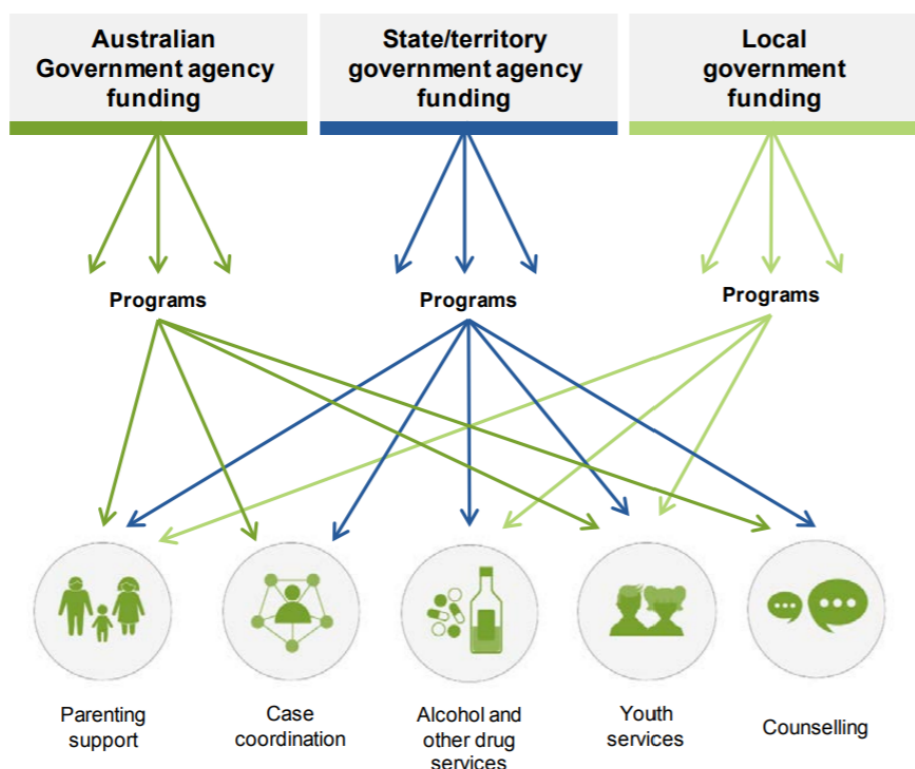
Are there other ways to improve collaboration and coordination across services and systems?

The current grant funding streams result in fragmented service delivery within the families and children sector.

The 2016 Productivity Commission Preliminary report (p133)⁵, illustrates this issue. (Figure 6)

Figure 6 Funding sources for family and community service providers

Stylised model of the flow of funding for a hypothetical medium-sized provider of family and community services



Source: Adapted from Dwyer et al. (2009).

This multi-stream, multi-government level approach results in siloed decision-making and for service providers, a challenge to coordinate services for an individual or family. Different reporting requirements are required, outcomes are different and data entry systems are different. Better Place Australia works across the Health system through primary health networks, which also entails different data reporting by region within a State. This represents significant challenges to making available a coordinated multi service response to individuals or families.

The need to provide data and different outcomes tends to silo off different services as individual practitioners need to be proficient in the data requirements of their particular practice. Basic client demographic data is consistent across services but coordination of services using a meta level of data entry is too onerous to comply with the various funders' expectations. When endeavouring to refer out or into services there is an obvious overlap in the types of services being funded by different levels of government and their departments. It can be simpler to refer out clients for additional services, however the complexity of who is providing what and where requires significant local and regional knowledge to make the optimum warm referral.

⁵ Australian Government Productivity Commission. (2018) 'Introducing Competition and informed User Choice into Human Services: Reforms to Human Services', Productivity Commission Inquiry Report No.85, 27 October 2017, retrieved from. <https://www.pc.gov.au/inquiries/completed/human-services/reforms/report>

Better Place Australia notes that this consultation paper refers to Funding Arrangement Managers to assume a greater role in focusing on increased information sharing arrangements between jurisdictions, as well as better local service coordination and integration on the ground.

We wonder whether if this is realistic given their broad remit of service portfolio administration. We are fully supportive of a shift to relational management rather than administration, however, we are curious as to how this will happen – are there to be new roles to facilitate this specialty?

We list and maintain services on public facing online directories, however this is not enough to secure more consistent and optimal multi service support to our clients. At the interorganisational service level there is a strong relationship and knowledge capability that needs to be in place. We would draw attention to the example of Family Law Pathways Network (FLPN) roles – this is a funded part-time stream but is an effective capability raising role. We consider it to be a good example of how service providers can work collaboratively with each other and between other government and non-government agencies that support family law matters in Gippsland.

Better Place Australia would suggest a more inclusive approach to review the role and effectiveness of the role of Family Relationships online. Despite us being listed online, very few clients ever refer to this online medium as a first point of contact. What has been its role in the pandemic? As it is online, what is its role in being effective and supportive in enquiry generating and support? Should it not be promoting easy access to information for families looking for support in their local area? We suggest that it should be more central and visible, as part of networks. Limiting listings only to online mediums is not enough if effective capability raising is required.

The suggestion to establish regional service provider forums to bring together service providers in a particular area to identify challenges, share lessons, identify service priorities and strengthen collaboration mechanisms, is a good idea. This will only be as good as the resourcing to develop it and the systems to support it ongoing. Within Victoria there is a FRC Manager's group. This group meets monthly to quarterly and facilitates system and service knowledge but is narrower than a regional forum could present, requiring administrative support to make it effective.

Better Place Australia agrees with the recommendation to bring in the **Family Mental Health Support Services** program to sit within the Families and Children Activity. We have developed a outcomes framework that defines a broad set of outcomes. We have shared these outcomes and measures in question 7.

Community collaboration

In principle the idea of 'community hub' models or co-location of services to support coordination and service access for families is preferable. However, the question becomes - what is the role of FRCs? This proposition needs a rethink and a better approach to integration and purpose. We host two centres and would value participating in consultation around the development of this proposition.

Through our assisted psychological services, we work within three Primary Health Networks (PHNs) for better linking of universal service delivery platforms such as health services (antenatal care,

child and family health services), school education and early childhood education. This is a virtual arrangement that develops capabilities and consults with communities. The question is whether this would be a viable alternative – for instance, place-based infrastructure similar to the ones operated by Headspace are infrastructure-intensive and medium to long term in their development. There remains a need to examine the pros and cons of these approaches to determine a balanced approach.

Regarding the Communities for Children Facilitating Partners program, we can see its value, however the consultation has not provided enough strategic direction priority and investment appetite to indicate how big a pivot this could be. It is important to explore the strategic planning and investment profile for this.

At the Victorian State level, we support four Family Violence response locations called Orange Doors with specialty Elder Abuse Services. These are facilities that enable case coordination and are already creating better links between family services and domestic violence services. If fragmentation of multi-level funding is an issue, greater examination into how these are being acknowledged by the department planning would be welcomed.

Response Summary

This multi-stream, multi-government level approach results in siloed decision-making and for service providers a challenge to coordinate services for an individual or family.

Better Place Australia notes that this consultation paper refers to Funding Arrangement Managers to assume a greater role between jurisdictions as well as better local service coordination and integration on the ground. We are fully supportive of a shift to relational management rather than administration. However, we are curious as to how this will happen – will there be new roles to facilitate this specialty?

We would draw attention to the example of Family Law Pathways Network (FLPN) roles – this is a funded part-time stream, but effective in its capability-raising role. We consider it to be a good example of how service providers can work collaboratively with each other and between other government and non-government agencies that support family law matters in Gippsland.

Better Place Australia agrees with the recommendation to bring in the **Family Mental Health Support Services** program to sit within the Families and Children Activity.

Better Place Australia suggests a review of the effectiveness of the roles of Family Relationships online. What has been its role in the pandemic? As it is online, is it effective and supportive in enquiry generation and support capability? It should be more central and visible as part of wider networks - limiting listings only to online mediums is not enough if effective capability raising is required. A more diverse approach to information distribution is needed.

The idea of 'community hub' models or co-location of services to support coordination and service access for families is good but what is the role of FRCs? This proposition needs a rethink and a better approach to integration and purpose. We host two centres and would value

participating in consultation around the development of this proposition.

Lastly, while we can see the value of a Communities for Children Facilitating Partners program, the consultation has not provided enough strategic direction priority and investment appetite to indicate how big a pivot this could be. It is important to explore the strategic planning and investment profile for this.

Capability and Innovation

Through AIFS, the department provides funding to support the families and children sector to build capability to deliver effective services that drive improved outcomes for families and children.

The department also recognises the importance of ensuring service providers have flexibility to build their own capability and develop innovative approaches to service delivery. Opportunities for innovation may be emerging that have not yet made their way into practice. We want to ensure our grant arrangements under the Families and Children Activity support capability development, adaptability and service innovation.

Reform snapshot: Capability and Innovation

- Refocus existing capability arrangements to key areas, such as organisational support that encourages and champions evidence outcomes measurement and reporting, evaluation and better targeting services to families experiencing vulnerability or families with multiple and complex needs.
- Enhance existing grant arrangements to encourage innovation that better contributes towards outcomes.

Discussion Question 11:

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?

Better Place Australia has a strong focus on developing staff capability. The ability to report on outcomes informed by evidence is facilitated by the program logics that have been developed. The logics are integrated into all practice guidelines and both guidelines and program logics are reviewed by the practice lead and staff, both of whom are involved in the process.

Internally, Better Place Australia has quality and clinical committees that review outcomes, guidelines and integrate staff input. Systems staff are then involved to integrate the reporting requirements into data collecting procedures that staff are trained on. This coordinated approach allows for a more focussed and efficient pathway to system and capabilities improvements.

Much of the development work we do is improving practice and process. We use client feedback to improve process and our clinical committee to drive evidence-based practice improvement. In the last two years we have introduced a new research function into the organisation – The Centre for Better Relationships. The Centre is proving invaluable for refining our outcomes and challenging practice, providing greater scope to implement evidence-based practice and refining best practices through the collaboration of clinical and research teams to achieve better client outcomes.

In regards to the expert panel, at the State level we have only been marginally involved in the Expert Panel advice service. We consider that any Panel members should be at an arm's length away from service provision/outcomes that the Panel is making recommendations about. Given the competitive nature of grants funding, panel members would need to have no association with grant applications for new or additional services that they have capacity to deliver. We think this distinction is important – it may pose a challenge to the buy-in and utilisation of any Panel that may be seen as being potentially compromised by others in the sector.

In writing the earlier sections of this submission we are responding to the need to focus on outcomes as reportable and visible products of a service system.

The 2018 Productivity Commission illustrated the levels of family and community funding stream outcomes (Fig. 8.3, p251 Productivity Commission Report. 2018)⁶ in Figure 7 below:

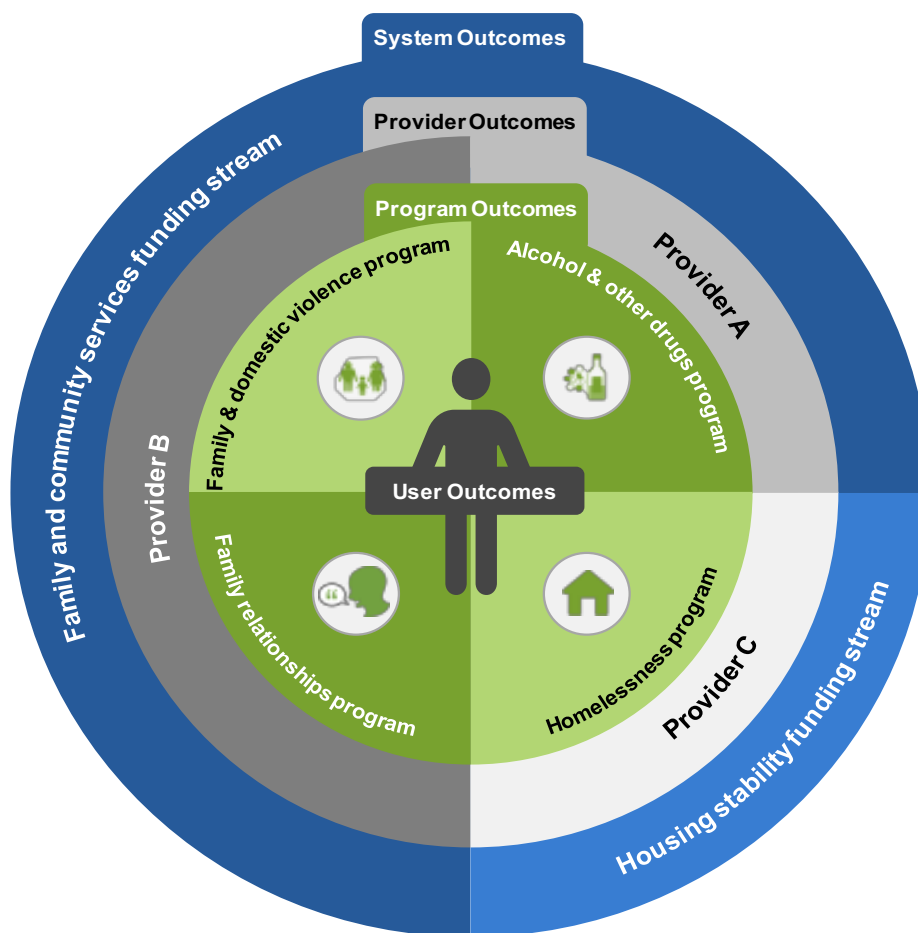


Figure 7. Productivity Commission Report 2018 – Family and community funding stream outcomes chart

⁶ Australian Government Productivity Commission. (2018) 'Introducing Competition and informed User Choice into Human Services: Reforms to Human Services', Productivity Commission Inquiry Report No.85, 27 October 2017, retrieved from. <https://www.pc.gov.au/inquiries/completed/human-services/reforms/report>

When we look at this model, we can see that the system outcomes are the same outcomes that the department is interested in as they are reportable, demonstrable in departmental reports, and provide reassurance and transparency about public monies well spent.

The model represented in the discussion paper as “Diagram 2” (Figure 9 below) focuses on aims and outcomes however, we think that it attempts to incorporate too many elements. The above model (Figure 7) is clearer for an outcomes approach with classification by service category. The outcomes by program would be a level under this. Despite these factors, we are of the opinion that the above diagram still has an omission of mental health and financial management programs that we think are vital in a family’s ecology.

Any focus on better outcomes for children and their development should still be informed by Bronfenbrenner's Bio ecological systems model (1994)⁷. This views child development as a complex system of relationships affected by multiple levels of the surrounding environment, from immediate settings of family and school to broad cultural values, laws, and customs. (see below Figure 8). To achieve better outcomes in a child's development then, we must look not only at the child and their immediate environment, but also at the interaction of the larger environment as well. The relationship between the microsystem and the mesosystem is not adequately encapsulated diagram 2 in the discussion paper, whereas in Figure 8 below, it does.

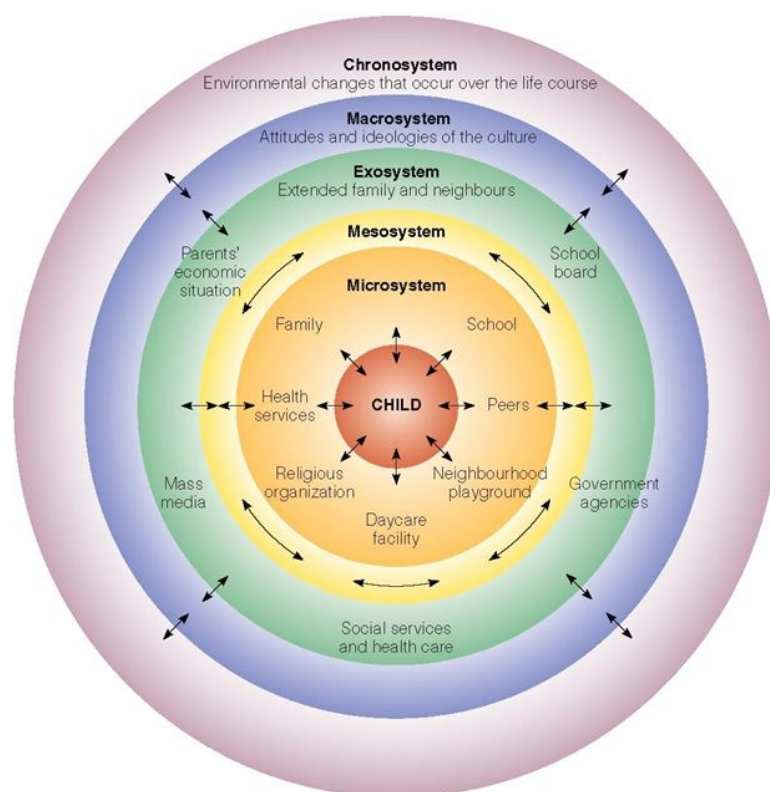


Figure 8.

Bronfenbrenner's Bio ecological systems model (1994).

⁷ Bronfenbrenner, U. (1994) Ecology Models of Human Development. The International Encyclopedia of Education 2nd Es, 3, pp.36 -43. Retrieved from <http://www.psy.cmu.edu/~sieglar/35bronfenbrenner94.pdf>

From the narrow view of family ecology that is defined in Figure 3 (Diagram 2) and Figure 7, we are limiting our vision for change. The capability building support as a consequence is too narrow and will skew innovation and development too narrowly, furthermore will not provide a holistic framework to seek development opportunities.

Response Summary

We consider that any Expert Panel members should be at an arm's length away from service provision/outcomes that they make recommendations about. Panel members would need to have no association with grant applications for new or additional services that they have capacity to deliver.

To achieve better outcomes in a child's development then, we must look not only at the child and their immediate environment, but also at the interaction of the larger environment as well.

We recommend that the focus on better outcomes for children and their development should be informed by a more inclusive model such as Bronfenbrenner's ecological systems theory.

Discussion Question 12:

How can the department best work with you to support innovation in your services while maintaining a commitment to existing service delivery?

Better Place Australia has found that attending and contributing to events hosted by the peak body FRSA are the most useful opportunity for fostering innovation. In addition to providing or listening to presentations at these events we have also found the pre-conference workshops to be of value. The Family Law branch has been particularly diligent in facilitating workshops of benefit at these events. These foster collaborations. We were surprised that the discussion paper did not acknowledge the role of the peak body particularly as the department commits funding to the running of the body.

Presentations from the department are of value at forums and conferences. In the current times of COVID-19 we have not been aware of another alternative. The briefings provided in regard to this discussion paper were of value as questions could be asked directly.

Better Place Australia would welcome DSS taking on a greater leadership role beyond the administration of grants and developing a more relational approach to contract management. This may pose some risks, including a reduction (real or perceived) in accountability if performance management if it were not based on objective measures. This would involve more weight being given to achieving outcomes through relational rather than contractual governance.

As the Productivity Commission Report of 2018⁸ notes on page 326, governments and service providers would need to invest in developing new capabilities to implement the relational approach, including developing outcomes frameworks and collecting and analysing outcomes data. The discussion paper's focus on outcomes presumably would satisfy this.

In the area of service innovation Better Place Australia has not found an external pathway to assist in innovation within the current department structure. We note that 'Try Test Learn' had a welfare focus. This seemed to be closely tied to return to work or a pathway to employment. The method of collaboration was interesting but the reporting back and learning process has not seemed to eventuate.

For us, the pathway to innovation involves developing an innovative service concept and then talking and applying to philanthropic foundations for seed funding. The innovation is always tied to an emergent need or a gap in current services. This is time intensive and can have low probability of success in a very competitive process. To assist this innovation pathway, a supporting statement from the department that they are interested in the outcomes of a pilot this can be very powerful in driving to a successful application. How would such a discussion take place?

The DSS grant guidelines talk of innovation as part of its principles however no method is outlined as to how this happens. Reference is made to new partnerships, client issues to be solved, new technology, new networks. How would his work – is there to be a planning process?

Further mention is made of an outcome result driving an innovation – this sounds ideal however systemic issues may not appear; the issue outcome may not even be measured or the outcome definition could be flawed. It may be better to start with a problem/common issue and then work towards current outcomes measured to verify aspects or components of it. For instance, if we start with the issue of older people and their adult children having relationship difficulties and the gap in support for this problem – then we could work towards a definition, a scale, response options, and begin to map out an innovation using service adaption given that the sector practice family relationship support. If we start with an outcome the problem would remain invisible.

Another method to foster collaboration could be a partnership approach. Better Place participates in a number of these partnerships and considers that they have some unique beneficial attributes. Victoria's Primary Care Partnership (PCP) strategy brings together local health and human service providers who work together within voluntary alliances to improve access to services and provide continuity of care for people in their community. PCP partner organisations focus on better coordination among services, management of chronic disease management, integrated prevention and health promotion, and strong partnerships. Victoria's 28 PCPs involve approximately 600 organisations, including hospitals, community health services, Primary Health Networks, local governments, mental health services, drug treatment services and disability services.

If there is a commitment to moving beyond contractual management into developing better means for collaboration and innovation, we would be more than happy to commit time and energy to developing this.

⁸ Australian Government Productivity Commission. (2018) 'Introducing Competition and informed User Choice into Human Services: Reforms to Human Services', Productivity Commission Inquiry Report No.85, 27 October 2017, retrieved from. <https://www.pc.gov.au/inquiries/completed/human-services/reforms/report>

Response Summary

Better Place Australia has found that attending and contributing to events hosted by the peak body FRSA are the most useful opportunity for fostering innovation.

We were surprised that the discussion paper did not acknowledge the role of the peak body particularly as the department commits funding to the running of the body.

In the area of service innovation Better Place Australia has not found an external pathway to assist in innovation within the current department structure

The DSS grant guidelines talk of innovation as part of its principles however no method is outlined as to how this happens.

The paper considers that outcomes result in driving an innovation – this reasoning is flawed. Would it not be better to start with a problem/common issue and then work towards current outcomes measured to verify aspects or components of it?

