

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)

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)

Tick one (1)

Yes

No

Your name (required)

(If you wish to remain anonymous, please write Anon)

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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.

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Please provide the name of your organisation.

Mallee Family Care

OFFICIAL

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

I do not live in Australia

Prefer not to say

Which type of geographic location do you live in?

Tick one (1)

A capital city

A regional city or town

A remote town or area

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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).

Throughout the Coronavirus pandemic Mallee Family Care has done everything within its power to maintain visibility of our existing clients and to engage with those who perhaps found themselves in need of our service for the first time.

We embraced mixed service delivery methods amongst our suite of FaRS, CaPS and CfC FP programs. During periods of peak restrictions, there was a heavy reliance on the use of technology, the internet, telephone, Facebook and video conferencing to maintain continuity in delivering our services.

By way of example, at the peak of the first wave restrictions our CaPS program redesigned all their programs to have online and live playgroups across all our sites in our contract, this was replicated for a number of our CfC programs, such as Smalltalk. Another CfC activity, the Mobile Visiting Play Program adapted it's service delivery through educators utilising the local Toy Library as a strategy to remain in contact and provide ongoing learning opportunities. Educators delivered an activity to the home which was exchanged weekly with a new activity. FaRS services were delivered via phone, telehealth or zoom and whilst all children were offered Zoom sessions initially

they were able to return to face to face with the use of PPE and a reduced time limit due to their lack of engagement and a growing concern about their Mental Health.

There were many challenges to the change in service delivery. Obvious challenges included our client's inability to access internet based service provision. In CaPS and CfC there were also challenges for staff given how onerous it was to maintain high quality deliverables to have an activity that was meaningful to child and parent, including delivering resources to clients homes to enable them to participate as many of our families did not have the required resources. We also faced challenges given telephone, online, Facebook live and pre-recorded service delivery didn't always allow the opportunity to assist and read any underlying issues so in many instances the practitioners/workers had to touch base with clients outside of those set activities to follow up, this was incredibly labour intensive. Across our programs we experienced clients disengaging with our services due to the impersonal nature of adapted service delivery or due to issues accessing internet service delivery, as noted above. To overcome this we reverted to face to face engagement as soon as practicable utilising PPE and reduced session times. In some of our programs, such as FaRS, fees were waved at the height of restrictions as an acknowledgement of the financial difficulties families were experiencing. Food and fuel vouchers were also provided to clients that were struggling financially.

The benefits to the change in service delivery was how accessible and flexible they were, for most clients. The change was well received initially given it was an immediate response because our communities were in crisis. In our playgroups, there were also a cohort of mums identified that preferred the online platform and it enabled us to engage with those mums to build their confidence to bring them to a face to face group when possible. We were able to connect to a cohort of families that we may not have previously. We continue, in all sites, to provide 1 pre-recorded or live Facebook session and community development social workers are still touching base with clients via phone or FaceTime.

We found that we had the ability to integrate with other initiatives immediately, given how embedded we are in community, SmallTalk is one example of this. Administratively, we've been able to demonstrate even in periods of coronavirus, the adaptation of our programs against perhaps other program providers that have been more restricted through their organisational structure, such as some local government providers.

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).

Overall there was consensus amongst our programs that the overarching aims and outcomes were sufficiently broad and could be meaningful to our clients but we strongly encourage the Department to develop a program-level outcomes framework, as indicated in the Discussion Paper. Given the breadth and diversity of programs, a program level outcomes framework would ensure the outcomes are meaningful to each program.

There were a number of suggestions raised with respect to the sub-outcomes, they are as follows:

- Positive parenting practices should read positive *caregiver* practices to acknowledge the breadth of circumstances ie: children in care;
- The outcome "Better connected to school" should read *better connected to playgroups, ECEC settings and schools* to acknowledge the need for evidenced based early intervention; and
- An additional sub-outcome under "Family Relationships Flourish" could be a direct mention of *parent/caregiver safety* to encompass concerns regarding family violence.

With respect to the focus on strengths based outcomes, we strongly believe that it's integral that we include families in the setting of their goals. Families should be viewed as experts, not the deficit or blame. It is our

position that if families are engaged with the setting of their goals there is greater motivation for change and greater success in achieving the desired outcomes.

It would also be useful for the Department to provide additional funding to ensure all staff engaged in these programs are trained in strengths based practice and cultural competency.

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).

Mallee Family Care supports increased outcomes measurement and reporting however, there are significant challenges associated with reporting through Data Exchange and limitations to what the quantitative system can measure.

Our practitioners have provided feedback that the current SCORE framework does not fit comfortably with client perspectives and parent/carer set goals. It is practitioner driven and jargon laden with unclear language which renders the questions unsuitable for families in some of our programs, such as playgroups, to enable us to measure change in parents or children. SCORE is intentionally broad but questions to families via workers need to be meaningful to the families.

With respect to tools and training that would better support our use of Data Exchange we note that DSS currently supply task cards, webinars and fact sheets however, these are mainly generic and burdensome. We need streamlined webinar training and resources specific to each program.

In order to overcome some of the difficulties with insufficient reporting in our CFC FP program Mallee Family Care created a dedicated position that focused solely on working with Community Partners to develop work plans and to facilitate data management. We envisage going forward that funding is required to employ a person designated to the collection, monitoring and imputing of data to the data exchange. If we want to ensure success we envisage that Community Partners will also need support to develop theories of change, program logic and measuring of impact. This is a major piece of work to be undertaken and to encourage Community Partners on this journey. In relation to the development of an outcomes framework Mallee Family Care has at our own expense, implemented within our CaPS program such a framework embedding 3 years of data that is now being analysed and reviewed in order to demonstrate impact and to help redesign the program logic in preparation with the new funding. This does take an enormous amount of time and one of the barriers or challenges is expecting practitioners to do this alongside their work. This is an unreasonable expectation.

We propose adequate funding to ensure the creation of a permanent position across programs. In our experience, having a data champion embedded in a program is far more effective than requiring each worker/practitioner to undertake their own data management due to time restraints and their key focus being on delivering the programs to support our clients.

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).

As noted above, Mallee Family Care run three programs: CfC FP, CaPS and FaRS. Out of the 6 services delivered under CfC FP 2 are evidence based off-the-shelf. We have an exemption, as the FP, to deliver the 2 evidenced based services. Our FaRS services are also evidenced based off-the-self. We have developed a program logic for our CaPS program and have attached it to our submission for your interest.

Mallee Family Care are unique in that we have an internal directorate entitled Education, Training and Research (ETR) that we can sub-contract to draft program logics and evaluate our programs. ETR have been engaged to undertake this work in both our CaPS and CfC programs for many years. In our CaPS program logic the scaffolding around outcomes framework are instruments ETR use to measure the work in order to report back about the impact of the program. This has been ongoing for three years now and we are currently reviewing the results with the view to modify the program logic moving forward. This has been invaluable as it has enabled us to see what is working well and what isn't. DEX does not allow us to measure our impact and this has been an ongoing barrier in our ability to share the positive outcomes we're achieving. We have used evidence based tools but have also created our own methods, such as parent surveys pre and post engagement.

Whilst Mallee Family Care is unique in the availability of ETR, it would be more efficient and economical to upskill our existing program staff to be able to undertake the drafting of program logics and evaluations. This should be embedded in funding by the Department separate to program service delivery.

Certainty and accountability

Question 5:

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

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

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

We concur that there needs to be greater certainty and longevity in grant funding and commend the recent program extension announcements. We would also welcome greater engagement and more frequent consultation with the Department at dedicated review points.

We note however, that in some of our programs we have inbuilt internal review points and are therefore quite advanced in that we are already undertaking this task. By way of example, in our CaPS program we have developed an outcomes framework so that we can measure our performance and we are at present evaluating it.

With respect to how DEX can better support this we note that SCORE outcomes could be improved to make them meaningful to our families so that our families can be research experts.

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).

Success to Mallee Family Care would be underwritten by an ecological approach, when our families and communities feel that they are thriving we would see that our program is successful. Essential to this is co-designing outcomes and goal setting with our clients so they are meaningful to them.

One way in which we measure outcomes is via client feedback/satisfaction surveys. By way of example, in our FaRS program we contract a third party to undertake phone evaluations/closure feedback for our clients and to then analyse the findings. We have found this independence to be an invaluable indication of client experience and satisfaction.

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).

Mallee Family Care's vision is empowering the vulnerable and disadvantaged in our communities. Working with those experiencing vulnerabilities is at the heart of our Agency. We offer a suite of 60+ evidenced based funded programs that are proven to assist those who find themselves in exceptional need, disadvantage or vulnerable circumstance. We work in the fields of family, youth, children, disability, mental health, housing, legal, financial, research and education. Our work is integral to the social fabric of our community.

The breadth of programs offered across three State jurisdictions means that we can provide a holistic, wrap around service to all our clients and where perhaps a client's needs fall outside our scope we have active partnerships with all service providers in our catchment to ensure their needs are being met.

One way in which our programs have adapted service delivery to provide support to vulnerable cohorts is through our CaPS program which delivers playgroups through a model that includes a tertiary qualified educator and social worker. This allows us to provide universal playgroups that are underpinned by community development principles and practices which allows us to specifically target families experiencing vulnerability and disadvantage via our social worker and educator who respond early to family's needs. They can also provide extra supports by linking families into internal, or external, services when they need it. Our model allows us to bring support on site to where the families are. Further, we know that transport is a barrier to families engaging in our play groups so we provide free transport to and from each session.

With respect to our playgroups, we have long identified a gap in service delivery for vulnerable cohorts of children in care and have long held a desire to facilitate playgroups for these children and their carers. We have identified a specific need through our child and family services directorate for a peer support playgroup which would allow for carers to debrief with those who have similar experiences.

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).

Mallee Family Care's CaPS and CfC programs operate in two distinct geographical locations, hundreds of kilometers and hours apart. Our CaPS program is currently located in the Mildura and Buloke Local Government Areas (LGAs), with the nearest CfC program (of which Mallee Family Care is the Facilitating Partner) 2.5 hours away in the Swan Hill LGA.

Our CaPS program would not find value in being attached to a CfC because the program, its Manager, and workers are already deeply embedded within community and engaged with regional planning mechanisms. This is evidence in the model of playgroups where the social worker and tertiary qualified educator are embedded in networks in our communities like Best Start, Hands Up Mallee, Supporting the Advancement of the Early Years (SADEY) and Local Government, where we've had key involvement in Mildura Rural City Council's development of an Early Years Strategic Plan. Furthermore, we are involved in working parties and our Program Manager for CaPS has been on the expert panel of Australian Institute of Family Studies for the past 4 years to give voice to the rural context we work within.

Further, as an Agency that operates in a regional and rural context with 60+ funded programs we have a deep understanding of what services are provided within our communities and the needs of our community. We have active partnerships with many service providers that facilitates a collaborative and coordinated approach to a client's needs. These active partnerships ensure good working and networking partnerships that improve outcomes for those we work with and for our communities.

There is an overarching commitment within our Agency to meeting the needs of community so prior to implementing our activities in CaPS we have undertaken formal scoping and needs/gaps assessments to ensure we have identified our community's needs. We have demonstrated results in developing, implementing and reviewing our own outcomes framework.

Additionally to this, as the Facilitating Partner we currently hold an exemption to deliver 2 programs and if the proposed merger eventuated we would strongly advocate for our ability to continue to deliver our proven CaPS program. We would not support a merger at the expense of delivering our CaPS program.

It is for these reasons that we do not see value in our CaPS program being attached to a CfC.

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).

We believe that collaboration and coordination across services and systems is a key strength of Mallee Family Care. Being embedded in networks, engaging in information sharing and analysing the needs of our communities is core to our strategic direction. This is evidenced in our CaPS program, discussed in Question 8 above, where we are actively engaged in regional planning mechanisms.

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).

Mallee Family Care appreciates the value in the priority capability building needs identified in the Discussion Paper but caution that in order to address these needs there must be significant financial resourcing to enable organizations to fulfil these priorities. By way of example and raised in Question 3 above, at our expense, we have created a position of a Data Champion that scaffolds around practitioners within our CaPS program to ensure all our data is captured and evaluated. One of the issues that the Community Partners have voiced in the CfC program is the lack of support in this regard, particularly in environments where programs are under resourced and workers are time poor and have other priorities. There needs to be a specific allocation of funding for a dedicated data champion in all respective programs.

Further, the Department must also ensure that whatever the new outcomes are post these discussions that the data exchange must also include the ability to upload additional outcome data, such as our measures that we are capturing in our CaPS program, so we can upload all our data in one space and so that can be used by DSS in evaluating the outcomes.

DSS must also ensure that SCORE development of outcomes is in family friendly language so we can involve families as research experts. These SCORE outcomes are particularly relevant to our playgroups.

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).

In our experience, if we are connected to a grants manager that values innovation they're willing to support change and trial novel ways of doing things. At present we need permission to innovate and the grants manager has to have the capability to bring it to fruition. Alongside this is the need for available resources to assist in developing a new program logic and ways to measure the innovation. Flexibility with funding is also vital in supporting innovation.

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).

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.