Families and children services

Department of Social Services discussion response 2021

We are committed to working in a way that:

Actively develops collaborative and integrated networks across local groups, organisations, government bodies, services, the business sector and with community leaders, elders and citizens

Adds value to the community, in ways that respect the existing groups, diversity and leadership structures of the community

Facilitates community voice to inform and drive responses to issues within the community

Is strengths-based, working with existing assets towards shared aspirations

Is transparent in approach, decisions, goals and data collected

Is evidence informed, building upon what works

Supports the self-determination of Aboriginal and Torres Strait Islander people and communities

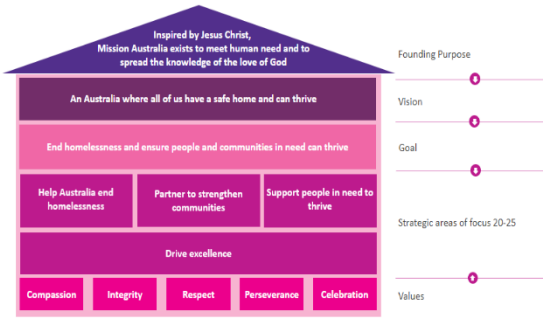
Has a focus on sustainable, long-term outcomes for communities

Is place-based and adaptive, responding to local needs and driven by the local context

Introduction

Mission Australia is a national Christian charity that stands alongside people in need across Australia. Motivated by our vision for an Australia where all of us have a safe home and can thrive, Mission Australia's 20-25 Strategy outlines how we will grow our collective impact alongside the people we serve, our funders, partners, supporters, and community stakeholders

20-25 Strategy House



Operating Principles that guide how we deliver the strategy

How we work is as important as what we do to live out our values. These guidelines apply to all our work:

Mission Australia delivers programs funded by the Department of Social Services (the department) under the Families and Children Activity. These services support families and children across Australia experiencing disadvantage and include:

- Communities for Children Facilitating Partners (CfC FP)
- Family Mental Health Support Services (FMHSS); and
- Children and Parenting Support (CaPs); and
- Communities for Children Community Partners sub-contracts

We welcome the opportunity to respond to the department's discussion paper on families and children services. Our submission reflects the experience of our staff who run the programs listed above as well as those engaged in developing our research, practice support, impact management and partnership approaches.

We have addressed each of the 12 questions set out in the discussion paper. We have also provided, in Section 13, some additional information about our impact measurement program and data collection tool that we would welcome the opportunity to discuss further with you.

DISCUSSION QUESTION: RECENT AND EMERGING IMPACTS ON SERVICE DELIVERY

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?

1. How Mission Australia adapted service delivery in response to recent crises

What worked well?

Mission Australia worked collaboratively, adapting services to deal with varying impacts. Service delivery guides, resources, new service policies and protocols, advice for working remotely, and Covid safe policies and procedures were developed to assist service delivery and case managers. Staff made a seamless transition to working from home and continued to creatively maintain connections with the community and clients. Flexibility in engaging clients through various mediums and time slots has been paramount, as has IT upskilling for facilitators, staff, and clients.

Service delivery staff, facilitating and community partners, adapted resources and service delivery extending service access options including out of hours, normalising e-delivery as a future service option. On-line support has worked well increasing numbers of people accessing services and engaging different cohorts. It has been especially helpful for:

- mums with small children who have difficulty in travelling to reach venues
- families with disabilities
- those keen to participate in activities but not yet ready to mix with groups
- connecting families across a wider area
- providing access to speakers or information sessions previously inaccessible

However, Mission Australia recognised the need for, and value of, continued face to face contact with some clients and put in place client focussed risk management strategies to manage those interactions. Also, many families do not have the IT access, capacity, skills, or ability to afford to engage in online services and activities. Mission Australia will continue to use a flexible hybrid model of service delivery where families have the choice of online services and face-to-face service activities to meet the needs of families and children as part of our Activity Work Plans.

Challenges

Service Delivery program planning remains challenging with continuing uncertainty around Covid safety requirements and emerging risks. The challenges of rapid adaptation provided a learning opportunity for staff and our organisation, though some obstacles remained including:

- Managing child safety considerations and maintaining privacy online
- Families limited resources - devices, data
- Language barriers for home schooling
- Providing services suitable for specific client cohorts or clients with complex needs
- Facilitators worked longer hours providing more options to connect, and the right time to connect families and children with their communities.

- Facilitating Partners worked above their normal obligations, to build Community Partners capability and capacity.
- Increased need to support children and family with multiple and complex needs and to better respond to the pre-existing trauma and trauma caused or exacerbated by these events.
- Even when schools were open to students most remained closed to providers, which restricted access to essential mental health or family services.
- Extreme weather conditions and Covid 19 cancellations of large group activities decreased soft entry engagement and therefore, reach to families and children experiencing vulnerabilities.
- Managing Intellectual Property regulations in delivery of published content and in some cases, Evidence Based Programs (EBP)
- Maintaining the fidelity of some Evidence Based Programs (EBP)
- Numbers in group activities have become lower due to social distancing measures therefore, target numbers may be impacted.
- Additional financial commitment has been required delivering to fewer clients at once, and for personal protective equipment and the additional cleaning required to deliver safely.
- Some community partner subcontractors did not immediately have the capability to move online, or service was not suitable for online delivery.

Challenges of face to face delivery during Covid

A teenager not attending school, had complex trauma, previous domestic violence and mental health concerns. Mother also has complex mental health issues. Engagement with youth was difficult and they did not engage over the phone or through devices when we stopped doing face to face meetings due to Covid restrictions. CW needed to find services to engage with teen. One referral was made to another service that worked specifically with supporting kids disengaged with school, however, they were also working remotely and had difficulty engaging the client. There was another service that were still doing face to face activities, but they had a waiting list. We maintained regular follow up with service and they picked up client after a few weeks. The mentoring service returned to face to face and outreach which then made engagement easier. Discussed plans with this service and were able to work together to support client's needs. Therefore, during the strict lockdown period, having very few services that could provide face to face activities, referral pathways for clients became very difficult. We supported the limited face to face activities by completing client follow ups, sending resource packages to the clients, and supporting them to complete activities as advised by services.

Case Worker

Better integration with other initiatives

Our services' connection with our Strengthening Communities initiative has strengthened service innovation during emergencies. The continuation of services sharing learnings and collaborative work to deliver quality services has ensured families are appropriately supported. This experience has increased the sharing of resources and ideas, as well as varying the types of venues across communities used to deliver services with council, schools, and in local parks.

The 2020 National Communities for Children Facilitating Partner Forum held online allowed for Facilitating Partners across the nation to connect and hear about programs and initiatives, allowing people who may not have afforded the travel previously to participate. The Forum was delivered by the South East Facilitating Network (Anglicare, Mission Australia, Uniting and Windermere) in Victoria and demonstrated the strength of regional networks and their ability to collaborate and integrate with a wide range of initiatives.

Recommendations:

- Ensure flexibility of agreements, and financial viability of both face to face and on-line service delivery, to best meet local families and children's needs
- Evidence Based Programs should consider a range of delivery methods
- Recognise the increasing need for complex service delivery in funding levels
- Recognise in DEx data reporting that assertive outreach events are integral to engaging families and children into appropriate support services, and in building community awareness and/or capability
- Provide support accessible to small providers, and Community Partners to build reporting, child-safe and digital capability; or fund CfC Facilitating Partners to do extensive, time-consuming, and repetitive capability building work
- Offer forums and communities of practice events across regions on-line
- The Federal Government should support provision of affordable IT tools, data access, and language, literacy, numeracy, and digital literacy training

There should be a coordinated national strategy to improve school education, 'second-chance' learning in the VET sector and other adult education services to reduce the large number of Australians with low language, literacy, numeracy and digital literacy skills. *National Agreement for Skills and Workforce Development Review – Productivity Commission Study Report December 2020.*

Discussion questions: Outcomes

2. Are the proposed key outcomes for the families and children programs the right ones?
3. How can we include strengths-based outcomes that focus on family or child safety?
4. What tools or training would support you to effectively measure and report outcomes through the Data Exchange Partnership Approach?

2. Proposed key outcomes

Mission Australia broadly supports the proposed overarching outcomes framework. Outcomes must be measurable and allow flexibility to align well with program logics, community plans, Activity Work Plans, and client and community SCORES. The outcomes should be re-phrased as measurable outcomes and consider the Closing the Gap agenda, the National Framework for Protecting Australia's Children, the National Strategy for Reducing Violence against Women and Children, NEST and Common Approach® aspects, and cultural safety.

More guidance should be provided to ensure, specific outcomes are reported consistently across similar services, to enable clear focus on achieving agreed client outcomes and promote consistent measurement for ease of provider comparison – allowing for local and demographic differences. Effective measurement and reporting must be supported by training, age, and culturally appropriate tools, and by ensuring consistency and high-quality, evidence-informed practice.

State and federally funded programs across multiple streams of funding, have an increased emphasis on evaluating outcomes. For example, Best Start, funded by the Department of Education and Training (DET) in Victoria is also focused on improving the evaluation of outcomes across shared areas in children and family services, yet the program uses very different language and frameworks (Plan, Do, Study, Act Cycle) to do this work. The outcomes achieved in the sector would be enhanced if a common language and approach to this work was developed; with flexibility to adapt and modify as required.

Outcomes need to be measured over an appropriate timeframe, and program parameters need to be flexible enough for providers to respond to the barriers faced by families experiencing disadvantage in achieving these outcomes. For example, addressing school readiness needs to begin at conception as the first 2000 days have been shown to be critical.

Mission Australia believes it is a person's right to participate in decisions that affect them and therefore, they should have an active role in how their services are designed and delivered.

Recommendations:

- Establish a common language and approach to outcomes across jurisdictions to support the appropriate targeting of support to families and children across Australia.
- Measure mid to long term outcomes, as well as short-term
- Ensure all identified outcomes in the program logics can be supported by measures
- Ensure where possible multiple data points to support triangulation of data, for example use of the SDQ, where child or youth, parent and teacher responses can be triangulated
- Utilise tools such as the SDQ and SCORE (Systemic Clinical Outcome and Routine Evaluation) Family Assessment tool
- Add community and client perspective so the service system can do things better
- Provide guidance regarding how SCORE domains align with the outcome's framework to:
    - Ensure consistent reporting across providers; and

    - Reduce burden on providers through national coordination, rather than each organisation developing their own interpretation
- Suggested changes to Cohesive Communities:
    - Well-connected family, child and service sector added to contextual factors
    - Physical health could become mental, emotional, and physical health
    - Social ties and community cohesion could be community and service cohesion
    - Addition of respect, awareness, and connection to culture

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

Mission Australia values the inclusion of family and child safety strength-based outcomes. Authentic community voice should be embedded in discussions about what constitutes safety and how best to measure the extent to which services are provided in a safe way and are making a difference. Mission Australia is committed to listening to and amplifying our client's voices to ensure their lived experience shapes the design of programs, respect a person's self-direction, even when their journey is not straight forward, and standing alongside people to facilitate long-term and generational positive impact.

Recommendations:

Strength-based family and child safe outcomes involve:

- Following the Child Safe principles, and related procedures and policies, to create a service environment that is child, young people, and family safe
- Ensuring the community and home environment which supports families in their functioning is safe
- Providing support to assist families and children with shelter, food, clothing, or hygiene
- Building family and child resilience
- Strengthening community connectedness
- Increasing knowledge of parenting and child development
- Strengthening nurturing and attachment
- Assisting the social and emotional development of children
- Outcomes for people accessing services fit their needs and are achievable in realistic timeframes
- Outcomes for community engagement and capability building are included
- Aspirational outcomes for providers allow flexibility to trial innovations and develop evidence-informed service provision

4. Tools or training to support providers to effectively measure and report outcomes through the Data Exchange Partnership Approach

Further training and support will significantly increase providers' ability to effectively measure and report outcomes. This should ensure workers have the skills to:

- engage clients in conversations to disclose personal matters
- explain that clients will not be identifiable through the Statistical Linkage Key (SLK)
- value reporting of community development activities
- provide and analyse qualitative data
- communicate in culturally appropriate ways

Community Partners are requesting:

- additional training in the partnership Approach and DEX, preferring face to face

- better support from the DEX Helpdesk; claiming poor experiences; and
- additional support with interpreting DEX reports and increased access for FP's to CP's partnership reports

Training and support should be available nationally. If there is an expectation that CfC Facilitating Partners will take on additional capability building with Community Partners, this ought to be recognised in funding and outcomes measurement.

Quality tools to obtain data from very young children under eight, Aboriginal or Torres Strait Islander people, those from culturally and linguistically diverse backgrounds, and young people with mental health issues should be developed collaboratively, to ensure the partnership approach is age and culturally appropriate and responsive. There should also be assistance to translate tools to local languages.

Broader service system outcomes data should be collected including community engagement, partnerships, networks, and capability development work. Creation of a tool that can be used to link DSS overarching outcomes, program outcomes and SCORE could assist consistency of outcomes.

There should be a process for interrogating the basis upon which SCORE values are determined, to ensure these are based on evidence. Appropriate measurement tools (particularly those outlined for the client groups above) should be made available to ensure consistency and quality of data.

Other priorities are:

- Mapping of the program outcomes against relevant SCORE indicators will increase the relevance and suitability of reporting
- Measurement of outcomes should be flexible for where children are the primary client in a program, yet activities are targeted at developing parental skills

When providing DEX data feedback to providers Funding Agreement Managers should understand the continuum of client pathways, the timing of surveys, and reporting period effects in DEX reporting. Recognition of the challenges of building sub-contractors SLK capabilities and understanding over time is also essential.

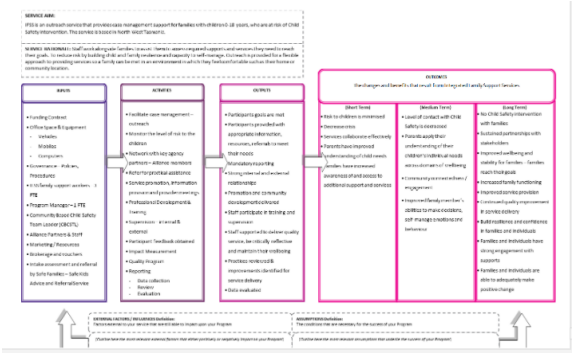
Recommendations:

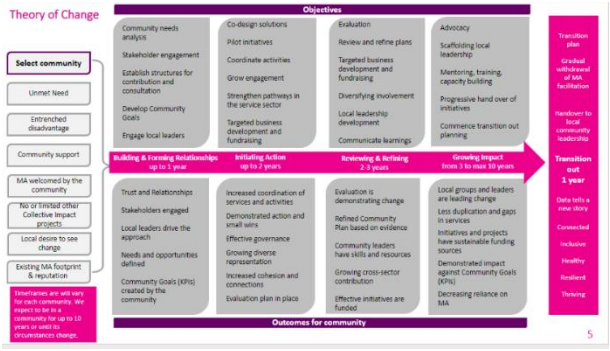
- Regular, regionally accessible training provided to both providers and Funding Agreement Managers by DSS and the Data Exchange in collaboration, to increase understanding of all perspectives, the impacts of reporting requests and experiences
- Provision of quality evidence to ensure SCORES checks and balances
- Specify key SCORE indicators for programs to promote consistency and national comparability
- Ensure reporting reviews understand the timing of surveys and client pathway – introduce ability to differentiate between "post" SCORE captured during engagement (e.g. at midpoint) and those captured upon exit from service.
- Fit to service delivery to measure service system capability building
- Provide culturally appropriate tools
- Facilitating Partners able to run reports on Community Partner Partnership data
- Gather data including community engagement, community outcomes and capability development
- Increase transparency around how DEX information is used by Government and third parties

DISCUSSION QUESTION: EVIDENCE

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?

Mission Australia utilises both program logics and theory of change. They inform the planning, implementation, review, and evaluation of service outcomes and intended changes. Managers say these keep the whole team aligned and focused on program and service outcomes. It clearly defines inputs and outputs needed to achieve the outcomes which makes it easier to set targets for individual team members and monitor performance.





As a large provider, Mission Australia supports research and evaluation, analysis of evidence and best practice for application to specific programs and activities, and in some cases a collective impact facilitator assists CP's, or services may access support through organisations such as the Australian Research Council (ARC) Centre for Excellence.

Program logics and theories of change are important tools. A program logic helps us link what we are doing with why we are doing it. It provides a framework for monitoring and evaluating our service activities against the outcomes we want to achieve. This is an important step in moving towards evidence-informed practice and should be regularly reviewed to ensure the program remains aligned to client or community needs and is contributing to desired outcomes.

Recommendations:

To increase the capability of smaller organisations, a learning environment should be developed that makes clear consistent guides and ongoing professional development opportunities readily available.

- A stream-lined website directing people to guides and accessible learning support could provide nationally consistent support with links to interactive training or on-going webinars, and access to free or affordable expert support

To best engage busy people, ensure specific time is set apart regularly to provide opportunities to question and have input into growing their understanding of the development and utilisation of program logics.

- Coordinate community of practice discussions

Recognise the extensive nature of implementing change across families and children services, for providers.

- Value the time, labour and resources utilised in implementation
- Review quality and consistency of program logics and their use
- Reward providers through acknowledging and valuing the quality of Program Logics or Theories of Change by allocating points that inform DSS's review process

DISCUSSION QUESTIONS: CERTAINTY AND ACCOUNTABILITY

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?

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

Mission Australia considers the five-year agreements as a minimum for long term change. Optimal change and outcomes would be better achieved and evidenced over seven to ten years.

The value of measuring performance lies in the reflective practice that follows data collection. We want to know that we are having an impact and operating within the principles and purpose of Agreements for the good of our clients and the communities we work with. Key performance indicators and review criteria for providers should be wholistic and fit program outcomes and actual service delivery specifically, allow input from the staff delivering the service, and be proportionate to the level of risk associated with the delivery of the service.

Mission Australia suggests measuring provider performance through both qualitative and quantitative data including:

- Evidence based outcomes for service participants
- Client and/or community feedback
- Demographic and service data
- Collaboration in the service system. DEx should have scope to capture more information from CfC Facilitating Partners and other services, regarding the capacity building and collaborative work they undertake.

Reporting should not be duplicated, for instance one Child Safe or Working with Vulnerable People Declaration per provider, rather than multiple for separate funders, and using ACNC data where possible.

To better demonstrate and measure performance duplication of frameworks and accreditation should also be minimised. For example, the Tasmanian State Government is implementing new Child Safe legislation which does not completely mirror the national framework and principles. This adds complexity across the service system.

Services working collaboratively to meet the needs of individuals, families and the community demonstrate success through participation levels, people achieving outcomes, and engagement within thriving communities. To evaluate success at service level, staff look at the levels of attendance and retention of participants, the quality of participation, and quality community partnerships in the delivery of services. They receive feedback, positive evaluations and verbal feedback, and word of mouth referrals from participants, partners, and other community providers.

Mission Australia measures success of services through a variety of reports. For example, Mission Australia's Performance Report enables services to access information about their services' performance against key performance area, such as Finance (expenditure and viability), People (count, WHS incidents, inductions completed), Impact Measurement (client wellbeing surveys), and Quality Program (quality activities completed) performance. The Performance Report shows how a service is tracking against targets and what areas require focus or improvement.

The Impact Measurement Reports provide an overview of the Impact Measurement Program. The suite includes an overview of the program, as well as program specific reports. Types of data included:

- Variance between entry Personal Wellbeing Index (PWI) score and follow-up/exit PWI score
- Variance between entry PWI score and follow-up/exit PWI split by life domains
- PWI scores by life domain, for participants with entry surveys only (i.e. no follow-up survey)
- PWI scores by demographics, state, funder, service
- Surveys statistics
- Service specific data based on service outcomes

The Service Activity Report describes services. clients and caseloads.

- Service summary – service, client and referral numbers, goals analysis of exited clients and cases receiving services
- Client Demographics – individual, family and family member numbers, assisted client age, experience of domestic violence disclosed, numbers of Aboriginal and Torres Strait Islanders, culturally and linguistically diverse and people with disabilities, individual assisted by life domains, and living arrangements on entry and exit
- Caseload Statistics – average time per service instance, time and client numbers per case worker, client length of service, service instances by service type, group activities by type

Recommendations:

Minimise duplication of reporting across departments where at all possible, maybe through upload of common reports such as Organisational Annual Reports or Child Safe Reports to the Grant Recipient Portal.

Make Data Exchange reports easier to filter to access specific data. Currently, the filter section is difficult to see, to navigate, and benchmarks of quality performance are unclear.

A mid-term contract review should review performance considering:

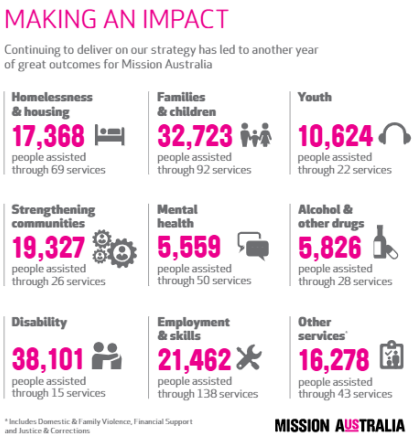
- Quality Annual Activity Work Plan (AWP) reports
- Financial declarations
- Regular Funding Agreement Manager/Account Manager discussions both local and national
- Qualitative 6 monthly DEX performance reporting data and SCORES and Impact Measurement data
- Client feedback
- Community connectedness – annual partnership surveys to measure the quality of collaboration

DISCUSSION QUESTION: TARGETING AND ACCESSIBILITY

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?

Mission Australia consistently works with people experiencing vulnerability across Australia. Early intervention and prevention through a de-stigmatised universal approach is likely to engage families earlier and more effectively. We promote strong communities in all the places we work and partners with community organisations to deliver tailored approaches to bring about long-term positive change.

Service geographical boundaries should be based on evidence of need to reach communities that would benefit most from community level support.



Providers of services and local leaders should work alongside the community to build trust and capability to meet local needs, while avoiding duplication of service.

It is important that families and children programs not only receive direct referrals, but also engage families outside the service system through schools and community events. These events are a soft entry for children and families experiencing vulnerability and can broaden referral pathways and improve access for people. Data Exchange (DEX) reporting needs to adapt to capture this important work.

Universality must be retained as rigid eligibility criteria excludes those where further engagement often allows the disclosure of underlying issues.

Recommendations:

- Utilise data as an evidence-base to understand the drivers of vulnerability
- Increased resourcing for and commitment to universal early intervention and prevention approaches through collaborative practice
- Targeted outreach to cohorts experiencing disadvantage or vulnerability
- Invest where communities would benefit most from support
- Recognise the value, and allow reporting, of soft entry outreach and engagement events

DISCUSSION QUESTION: COLLABORATION AND COORDINATION

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?

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

9. Children and Parenting Support links with Communities for Children

Integrating the Children and Parenting Support services into Communities for Children Facilitating Partner services could increase the coordination of services and support place-based, multi-disciplinary access for families, however, allocating these services 'within existing funding resources' would diminish the existing service delivery levels. This would decrease the level of funding available to facilitate and deliver community partner services and disrupt current collaborations.

While increasing the number of services supported by a CfC FP could lead to an increased inter-connected service system, if CfC FPs are providing additional capacity building support, then that work needs to be reported on and measured to ensure that ongoing funding covers the resourcing required for the amount and quality of capacity building being completed.

10. Ways to improve collaboration and coordination across services and providers

Mission Australia supports the optimization of the structure of the department's Families and Children activity to increase collaboration and coordination.

Family Mental Health Support Services

Aligning the Family Mental Health Support Services supports wholistic service delivery to families and children. FMHSS fills an important gap in mental health provision, and this move also provides stable funding for early intervention and prevention of mental health and wellbeing, as opposed to the short-term mental health transitional support being provided through Primary Health Networks. However, with this structural change it would be important to retain the professional focus on mental health and the stepped model of care, as well as alignment with the finalised National Children's Mental Health and Wellbeing Strategy.

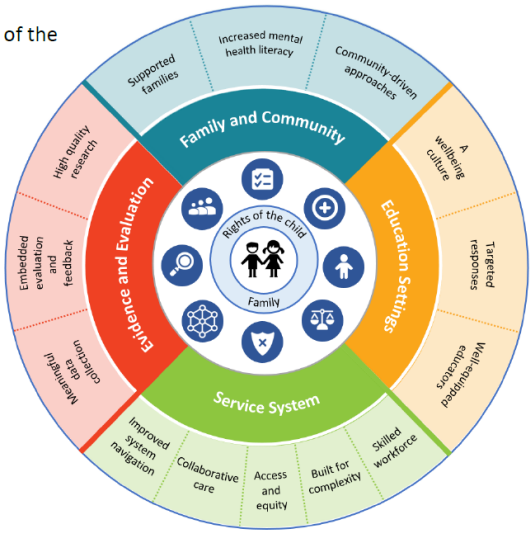
"The National Children's Mental Health and Wellbeing Strategy (the Strategy) provides a framework to guide critical investment in the mental health and wellbeing of children and families. … The Strategy provides clear pathways for proactively promoting child wellbeing and helping those who are struggling as early as possible to reduce long-term impacts of poor mental health." "The Strategy adopts a broad scope to consider all settings in which children should be supported. This Strategy is the first of its kind, with a focus on children from birth through to 12 years of age, as well as the families and communities that nurture them."

Mission Australia broadly supports the principles and focus areas of the proposed National Children's Mental Health and Wellbeing Framework as detailed in the principles and areas of focus below.

These principles underlie the four **focus areas** of the Strategy.

1. **Family and community**
2. **The service system**
3. **Education settings**
4. **Evidence and evaluation**

Each focus area contains **key objectives** that need to be achieved, and each objective has multiple associated **actions** that are required to **realise an optimal child mental health and wellbeing system.**



Collaboration across governments

Mission Australia strongly supports the improvement of service coordination across jurisdictions to ensure funding and programs are complementary rather than disparate. Collating data on community need and service provision nationally could improve the effectiveness of funding distribution and service outcomes for early intervention and prevention. A mechanism to share data across different branches of government relating to the historical services a child or families has receive, with their consent, would increase the efficiency of service delivery.

Collaboration across services and communities

For Mission Australia, partnerships and collaboration are an essential part of our work. We see multiple benefits for our clients in partnering with other organisations, communities, businesses, and individuals to ensure that collectively, we are having the greatest impact.

Partnerships and collaboration can maximise the resources that exist in the community and the sector, generate creative and innovative ideas to address complex problems, and are a necessary tool in affecting social change where disadvantage, poverty and exclusion exist.

Whilst involving shared responsibility and risk, partnerships create greater benefits by shifting from a siloed approach, to an adaptive approach more aligned with the thinking required to solve complex problems.

We are committed to using evidence to inform the design of the service system and continuously looking for opportunities for innovation and continuous improvement, with a focus on systems change. Mission Australia's Partnership Framework recognises the importance of committing the time and resources required to partner and to participate in coordinated place-based community networks. Noting that community can look very different in metropolitan, regional, and remote regions.

The minimal eligibility requirements of CfC programs is a significant strength and supports us to engage and collaborate across a range of networks and partnerships working towards the same outcomes. Minimising the eligibility criteria across programs (DSS and others) would improve the collaboration and coordination of services and their ability to respond to needs with far greater flexibility.

Designing services collaboratively with input from families, children and communities allows improvement of service fit to communities and broad systemic issues. The service system must support cohesive but flexible service delivery, with collaboration across broad regions too. For example, if a family moves from one location to another, their supports should continue, or they should be supported through a strong transition to a like or similar service.

Recommendations

- Improve the efficiency and effectiveness of collaborative services by sharing collated data from multiple government agencies.
- Build service collaboration, while maintaining service specific focus, by hosting communities of practice across providers of similar programs
- Include communities, families and individuals in collaborations
- If Stronger Places, Stronger People evaluations are positive, roll out in more communities connecting existing local services
- Federal and state grant agreements include flexible broad eligibility criteria
- CfC Facilitating Partner's grow to coordinate additional streams of support
- Fund community navigators and/or collective impact facilitators to better support systems change work within the community.
    - Facilitators to increase the program initiatives and capacity to affect change.
    - Community Navigators to connect and engage client cohorts to services and supports in the target area.

Measure collaboration where services actively engage in partnerships to achieve better outcomes for clients:

- Partnership information is registered in DEX within a common framework
- Service data such as number of referrals, case conferences, and referral outcomes from partnerships in the DEX
- Positive feedback from annual partner surveys on the strength and value of partnership

DISCUSSION QUESTIONS: CAPABILITY AND INNOVATION

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?

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

11. Capability building support

Given the importance of supporting families and children the workforce needs access to funded multi-disciplinary training and capability building resources. The Australian Government supports the building of capability through departmental funding and a range of other sources. The Australian Research Alliance for Children and Youth (ARACY) assists in turning evidence into practical preventative action to benefit young Australians however, the Common Approach train the trainer courses are not currently active and should be re-activated.

The Australia Institute for Family Studies (AIFS) increases capability through building understanding of Australian families and the issues that affect them, while the Child Family Community Australia (CFCA) information hub is valuable for sourcing resources and evidence around 'what works'. The AIFs resources, including conferences and webinars, are regularly accessed by pro-active services and self-directed staff.

Providers also build the service sector and partner capability through their service delivery. However, as our recent experience of supporting our community partners to develop their child-safe capabilities, demonstrates that building capability takes more than access to information, and requires more contact hours, resources, and focused training than you would expect, therefore, capability building should be funded appropriately. Where funding for service delivery is tight, some providers may be less likely to engage in capability building or evaluation, prioritising direct service delivery.

Another important element of capability building for providers includes being able to attract and retain suitably qualified and trained workers. Workforce strategies and profiles would build understanding of the level or focus of capability development and/or professional development required. For instance, where it is difficult to employ qualified workers in remote and regional regions, there may be a need to enable the employment of those with relevant work experience and/or with a Cert. IV in Mental Health and enable access to training for them to upskill. While in metropolitan areas FMHSS workers may be qualified mental health professionals, therefore will not need so much training in their area of expertise, though could benefit from training to better understand and use program logics, community consultations, data, evaluations or outcomes measurement.

Recommendations:

- Invest in workforce development planning to focus support for a pipeline of capable staff
- Increase funding support for cost prohibitive AIFS or other program evaluations, especially where evaluators are not located in a region
- Retain the evidence-based percentage at 50% to allow flexibility in service delivery
- Broaden evidence-informed practice in mental health for children and young people.
- Re-activate use of the ARACY Train the Trainer modules
- Provide clear consistent guides, opportunities to question and have input, accessible learning support, and regular time for ongoing professional development.

- Provide opportunities for co-design of tools and templates.

12. Support for innovation

Innovation is adapting to change, which may be because of demographic shifts, crises such as bushfires or Covid, or service delivery changes to achieve stronger outcomes. To enable people, families, and communities to be more engaged, supported, connected and resilient, service provision must be innovative. Passionate staff encourage ongoing innovation in service delivery as they explore novel solutions so that families and children can achieve their best possible outcomes.

The Australian Centre for Social Innovation (TACSI) holds many examples of how innovation has been applied in the social services sector. There could be an opportunity for DSS to partner with TACSI, in a similar capacity to the AIFS partnership/support that has been provided through the expert panel for strengthening and developing evidence-based practices.

Provider and university research and evaluation funding is limited and is not a sustainable source of funding, therefore, innovation must be supported within program funding. Funding for innovative service could be utilised to recruit Aboriginal, CALD or other specific workers such as collective impact facilitators, to implement pilots and/or complete community consultation so, agreements must be flexible.

Recommendations:

To encourage innovation the department should:

- Ensure access to practical data to identify gaps, needs and channel additional investment into areas of acute need.
- Funding Agreement Managers schedule time to build relationships and listen to service managers about the community they work in and what is needed.
- With providers, form self-managed problem-solving teams to share strategies and challenges across providers.
- Promote collaborative discussions and value ideas through regular community of practice meetings.
- Support community and client voice participation in innovative evidence informed projects.
- Agreement obligations must be flexible to encourage innovative practice.
- Trust providers to take safe risks, by increasing flexibility, allowing scope to be innovative in challenging environments
- Incentivise innovation by allocating additional (or a percentage of discretionary funding) to be used for innovative or flexible service provision
- Streamline easy approval of innovative proposals, by providing a simple online proposal and fast approval to commence project
- Allow adequate time to evaluate, test innovation, and to achieve long term outcomes across the term of the agreement.

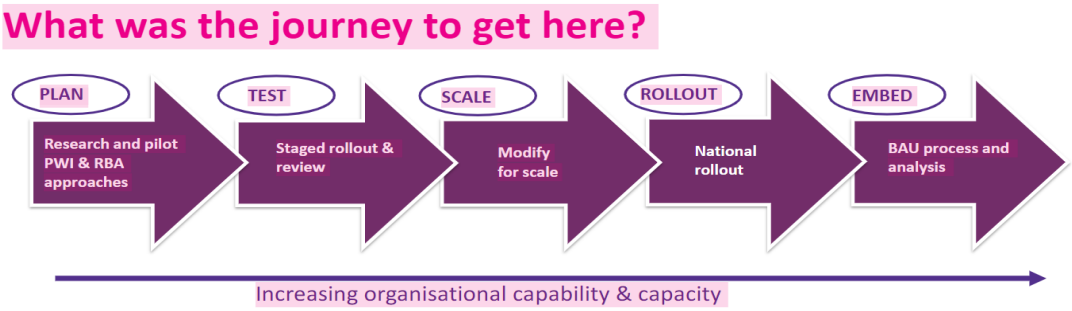
13. Strengthening communities and measuring our impact

Mission Australia works alongside communities, supporting them to become stronger. We recognise that all communities are unique, with different assets and aspirations, challenges and needs so work and out comes vary across regions.

Strengthening Communities Framework

Evidence shows there are common factors across stronger communities. These factors have informed Mission Australia's Stronger Community Domains and Outcomes, which outline our vision for communities that are connected, inclusive, healthy, resilient and thriving.

Mission Australia has also proactively designed and implemented an impact measurement program to understand the difference that our services make in the lives of the people we work with, and gain insights to drive continuous improvements. We have developed our impact measurement tools and processes over the past 10 years and continue to add new services and improve processes.



The development of our impact measurement approach has involved the following teams:

- Research – development of an organisational outcomes hierarchy and investigation of appropriate measurement methods, including the identification of a consistent tool: Personal Wellbeing Index (PWI)
- Impact and Analytics – implementation of impact measurement in practice, including survey and question development relevant to specific services, ongoing training, help desk support, analysis, and Power BI reporting
- Legal – privacy and participant consent
- Practice Support – quality program, policies, and processes
- Service Delivery Managers and staff – contributing to survey and question development, training, engaging participants, assisting completion of surveys, and undertaking staff assessments
- IT Services - upgraded systems, data security, data warehouse, implementation of a new CRM, MA Connect (Microsoft Dynamics), integration of CRM and client feedback collected through online survey platform (Alchemer), and uploads of information into the Data Exchange (DEx)

Noting this complexity, it is important to note that any strengths-based outcomes framework and comprehensive measurement process needs to be accessible and cost-effective for smaller providers.

Attachment

- Stronger Communities Framework

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