



Save the Children

Supporting Improvements to the Families and Children Activity

RESPONSE TO DSS DISCUSSION PAPER

FEBRUARY 2021

SAVE THE CHILDREN IN AUSTRALIA

Save the Children is Australia’s leading child rights organisation, with extensive experience in Australia and globally in translating children’s rights into practical policy recommendations and evidenced-informed services for children and their families, including in times of crisis. Our organisational theory of change is built on partnership – with governments, other community sector organisations, and directly with communities.

We work directly with Australia’s most vulnerable and at-risk children and families across every State and Territory. Our services and programs continue to be adapted as necessary to respond to COVID19.

With a focus on intervening early with integrated support to prevent harm and support wellbeing, Save the Children’s services span early childhood development, family support, domestic and family violence, school-age education, youth justice programs, settlement support, child rights programming, collective impact initiatives, and emergency response and recovery.

RESPONSE TO INDIVIDUAL QUESTIONS

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?

SCA response:

From February 2020, we successfully flexed our operating model to ensure continuity of care, maintain our connection with families and a line of sight on particularly vulnerable children, and keep our staff healthy and safe. With a modified services toolkit and practice guide, key adaptations included:

1. Introducing a virtual intake service, renewing all child wellbeing and safety assessments, modifying case and safety plans, and running virtual case coordination;
2. Shifting to 1-1 video/virtual support and follow-up for vulnerable families and mentoring for at-risk young people;
3. Trialling virtual and alternative group models, including online Play2Learn playgroups, 'Playgroup in a Box' deliveries, outdoor 'verandah' sessions, online check-ins with school groups, reading days on local radio, and live web-based story time and literacy activities;
4. Offering social and emotional support both face to face and online – with the introduction of our global mental health and psychosocial support program, Journey of Hope, in bushfire affected areas and communities who have experienced prolonged COVID19 lockdowns;
5. Distributing educational, hygiene and essential packs, and brokerage for food and basics, and
6. Providing guidance on COVID-19 restrictions including translation into community languages.

Some tertiary services continued to run face to face with appropriate precautions across the period for example, intensive family support and our Queensland domestic and family violence refuges.

Overall, this experience has allowed us to reimagine the way we work. Key take-outs include:

- Offering a mix of delivery modes meant we could meet families where they were at and agree new ways of working together. Our teams have been successful in maintaining elevated engagement by continuing with mixed modes in some sites.
- In some remote communities, we were the only service provider left operating, due to our high proportion of local staff. Referrals were at times limited as services locked down. Local recruitment also ensured our response was contextually and culturally appropriate.
- Face to face service delivery will remain an important mode of delivery particularly for the most vulnerable families in our service cohort. While around 80% of clients remained engaged with us throughout COVID lockdowns, some families required support with digital tools/literacy and persistent and assertive outreach. Substantial effort was also required to encourage some families back to face-to-face services once lockdowns eased.
- We can continue to expect peaks in demand across lockdowns, for example, responding to increases in domestic and family violence in the home, material deprivation and the need for emergency relief, and translation services for clients speaking English as a second language.
- Many of our staff can and want to work remotely, travelling to clients from home, and our digital platforms and systems are up to the task. We have used the 2020 experience to inform a whole of Australia mobile workforce strategy that is being rolled out this year.
- Monitoring and reporting as usual was impacted, with both clients and staff affected by lockdown and wider economic impacts. The flexibility demonstrated by funders, particularly DSS' acknowledgement of COVID impacts on resourcing and KPIs, was very welcome and should inform the way we approach relationship management going forward.

Question 2. Are the proposed key outcomes for the families and children programs the right ones?

SCA response:

We support the outcomes framework with amendments proposed below, noting it is strongly aligned with Save the Children’s own model. It appropriately captures an evidenced, ecological approach to child and family wellbeing. Final outcome indicators should be measurable, with DSS ensuring that measurement instruments can be mapped or translated to SCORE as appropriate, e.g., with consideration given to the impost of data gathering on community, children and families.

It would be enhanced by the following amendments:

- Elevating the voice and participation of children and young people as a supporting outcome for all ‘Aims’.
- Elevate safety as a supporting outcome across all ‘Aims’.
- Reconsidering the primary objective of the *Cohesive Communities* Aim. Ensuring children are safe and supported requires systems and communities that reduce rather than amplify stressors¹ – being cohesive, i.e. ‘being united and working together effectively’ is a necessary precondition but not an end goal.
- Expanding the supporting outcomes under the *Cohesive Communities* Aim to reflect both client and system objectives. The NSW TEI model, referenced by the Department in consultation working groups as a preferred approach, reflects these two layers. Client outcomes should be also be expanded in this Aim to reflect connection to country, culture, identity and language.
- Note SCA reports on Contextual Factors like physical health in our Children and Parenting programs through use for example of the CNI measurement tool.

Finally, SCA strongly supports collaboration between states, territories and the Commonwealth to agree aligned outcomes through the forthcoming National Framework for Protecting Australia’s Children. This is critical to reducing duplication and gaps for providers, but most importantly for the children and families we work with. We also welcome the commitment to direct consultation with families and children under the Framework process.

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

SCA response:

A strengths-based approach to outcomes involves a commitment to focus on and meaningfully measure the positive childhood experiences that can help to mitigate the impact of adverse childhood events, build resilience from an early age and maximise opportunities for healthy development. These include:

- Being able to talk about feelings with family
- Feeling supported by family in difficult times
- Participating in community traditions
- Feeling as though one belongs in high school
- Feeling supported by friends
- Feeling as though at least two non-parent adults truly care
- Feeling safe and protected by adults at home².

¹.Center on the Developing Child at Harvard University (2017) *Three Principles to Improve Outcomes for Children and Families*
<http://developingchild.harvard.edu>

² Bethell C, Jones J, Gombojav N, Linkenbach J, Sege R. Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample: Associations Across Adverse Childhood Experiences Levels. *JAMA Pediatr.* 2019;173(11):e193007.
doi:10.1001/jamapediatrics.2019.3007

This is balanced with a equally strong focus on safety for children. We apply safety assessment instruments like the Child Neglect Index and Signs of Safety to identify family aspirations, needs and concerns and what is needed to overcome existing barriers and challenges. Elevating the voice of children and young people is also a key protective factor and lever for improving safety.

Question 4.

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

SCA response:

The Department's own journey under the *Getting Better Outcomes* initiative is one that SCA is replicating internally. In 2019 we reset our organisational outcomes framework and in 2020 we invested significant resources to replace our existing Client Management System with a bespoke Salesforce platform to enable better outcomes reporting. Successful integration with DEX has required additional engagement with technical support over and above the DEX helpdesk 'business as usual' service model.

From this experience, we recommend government consider investing in designated technical support roles to shadow providers undertaking similar projects, similar to the role that Funding Arrangement Managers play in ongoing contract liaison. This will assist the desired step change to more sophisticated outcomes measurement across the sector.

Day to day, our DEX data quality is impacted by circumstances e.g. clients attending multiple sites, clients engaging only once, large group events and/or if a client declines to provide demographic information or cannot provide a date of birth. This latter example is often the case for many of our Culturally and Linguistically Diverse clients.

In our role as Facilitating Partner in the Communities for Children Kununurra initiative, significant time is spent training and supporting our Community Partners in accessing and using DEX. For example, Community Partners expressed concerns about the expectation that staff will own and/or use personal devices, Wi-Fi access and email addresses, and matching identification for the purposes of setting up a MyGovID. The transient nature of the remote workforce also means that this needs to be replicated multiple times throughout the year as staff cycle through. This is a clear barrier to access and use of DEX.

As Government looks mandating the Data Exchange partnership approach from 1 July 2021, the Department should consider:

- a) resourcing comprehensive, regular and free of charge training for providers and partners on the DEX system and the practical application of validated instruments;
- b) resourcing the establishment of DEX Communities of Practice;
- c) continue to support providers to appropriately map or translate client assessment instruments and/or outcome indicators into SCORE, with fidelity;
- d) explore ways to simplify the process to access DEX particularly for users in remote locations and/or with limited digital literacy, devices and connections;
- e) reconsider DEX data treatment of single attendances, large group events, and some demographic data, and
- f) resource AIFS or similar to review the design and application of validated instruments including for different cultural contexts e.g., Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse clients.

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?

SCA response:

We support the wide application of logic models and welcome the offer of practical support for providers to undertake the development of program logics and theories of change. SCA has an organisation wide-theory of change, supported by a comprehensive Outcomes Framework for our Australian Services group. We take a standardised approach to individual program logics, which detail:

- Long, medium- and short-term outcomes
- Outputs
- Evidence informed activities
- Inputs including people and resources
- Evidence informed practices (known as common elements)
- A theory of change guiding the selection, dosage and intensity of common elements
- A situation summary identifying cohort and need.

This covers all components of the NSW Government’s TEI model which we understand is DSS’ preferred approach.

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?

SCA response:

SCA welcomes the Department’s commitment to longer term agreements. This provides certainty for providers to build and maintain trusting and effective relationships with clients and partners, and to attract and retain the specialist workforce we need to best support vulnerable children and families.

We also strongly support the shift to reporting on outcomes, noting the challenge of attribution over the long term for prevention and early intervention services. Several factors influence family circumstances and behaviour change including intervention selection, dosage and intensity. This needs to be considered when setting targets and selecting appropriate measurement instruments.

Instead of short-term agreements with an option to extend subject to outcomes being met, we support periodic reviews across a longer agreement term. This reflects the reality that in some cases, we expect to program in community for three to five years before statistically significant improvements are reported at the cohort level. We note that Productivity Commission has previously recommended seven- year contract terms as standard.

It will also be important to retain the ability to supplement DEX data with narrative reporting and other supporting qualitative data. This will ensure we can give context to progress against outcomes, demonstrate incremental change achieved with children and families, and share client feedback. Consistent with ACOSS commissioning principles, the frequency and scale of reviews should be proportionate to risk.

Finally, performance monitoring and management should also reflect a shared responsibility between service providers and DSS as system steward to (a) meet shared outcomes targets and (b) adjust as necessary where they are not being met. The DEX performance system should support this culture of continuous improvement, and DSS could helpfully resource and/or facilitate regional or local provider data sharing via ‘learning labs’ for the same purpose.

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

SCA response:

We are interested in working with DSS to explore a more meaningful approach to measuring success. As an organisation we take a ‘measurement for learning frame’, reflecting that the context we operate in is complex and crowded, and that real time experimentation, sense-making and reflection is part of a more meaningful approach to measurement. We undertake regular reviews to guide continuous improvement and ensure we are meeting our desired outcomes. These reviews consider, for example:

- Whether our services continue to be targeted to greatest need;
- How clients are progressing against skill development, behaviour change and wider goals, so that we can adapt and improve our practice;
- How effective we are engaging and whether we are following up appropriately with clients and referral partners, and
- How clients report their experience of our service and provide feedback on how we can get even better at supporting them.

Specifically for our largest CAPS funded service, Play2Learn, we aim to achieve the following primary and outcomes for children and caregivers:

- Children are learning and developing
- Caregivers support children’s learning and development
- Children and families are connected to the community

We also measure the following supporting outcomes:

- Children and families are safe
- Caregivers of children are skilled and confident
- Families are functioning

DSS funds Play2Learn in almost 70 communities across Australia, with additional family support outreach in the majority of sites. Through the Play2Learn platform, our parent coaches and early childhood specialists, support at-risk families to build parent-child attachment, support learning and support a successful transition to school. From this platform, we assertively outreach to engage hard-to-reach families and provide case management addressing low-moderate complexities.

We measure Play2Learn outcomes through our bespoke practice tool, developed with the Murdoch Children’s Research Institute’s Centre for Community Child Health, and supplement this with other validated instruments including the Child Neglect Index (CNI) and the Personal Well-Being Index (PWI).

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?

SCA response:

SCA believes that our existing approach to service targeting and overcoming barriers to access and engagement for vulnerable cohorts is appropriate and effective, and that our current approach to service planning and reporting via AWP’s is adequate and proportionate.

We design and adapt our services to reach children and families most in need, reflecting the principle of proportionate universalism – that is, our DSS funded services are offered in ‘at a scale and intensity that is proportionate to the level of disadvantage’.

In practice, this means we:

- use data to best target and design services with clients and partners, integrating carefully into the local service system and building on local needs and assets;
- offer services like intensive supported playgroups that act as a non-stigmatising soft entry for vulnerable families, overcoming barriers to access and use and enabling us to identify and support at risk children earlier;
- work to nest our services in universal platforms including schools and public health services, building their capability and confidence in engaging with mainstream community services, and
- transition children and families into mainstream services as appropriate on exit from our programs.

Our largest CAPS funded program, Play2Learn, operates across Australia in communities with:

- High levels of household disadvantage, as measured by SA2s in the bottom 3 deciles of the Index of Relative Socio-economic Disadvantage (IRSD); and
- High level of children developmentally vulnerable, as measured by greater than 20% of children are vulnerable in one or more domain in the AEDC.

Our services interface with the child protection system and other tertiary supports, for example, our Connect Play2Learn program in Tasmania receives referrals from Child Safety Services and enables parents and caregivers of children in State care to spend time with their children, building skills and confidence under supervision.

As Facilitating Partner for Kununurra Communities for Children, we play an important role in working with community and Community Partners to map need, target services and address barriers to access and engagement. Our community-controlled C4C partners meet regularly to discuss referrals and adapt within existing resourcing to address unmet need. Demand for C4C services currently outstrips existing funding, for example, both PACE and Stepping Stones have at least 10 families on their waitlist (with 50% of families in PACE involved with WA child protection services).

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?

SCA response:

Children and Parenting Support services make up the bulk of SCA's DSS-funded programming. We are also the C4C Facilitating Partner in Kununurra and a C4C Community Partner in 16 locations.

SCA strongly supports collaborative place-based service mapping, design, delivery and shared accountability. Where this does not occur, we see children and families missing out, confused by multiple services on offer, with a fundamental lack of progress at a whole of community level. In Kununurra for example, a new family support service has recently been funded by another government agency without coordination with C4C steering committee or other established networks. While additional services are welcome given unmet need, C4C partners and other organisations on the ground must step in to overcome system gaps and make sure that there no duplication.

We therefore welcome further discussion with governments and other providers on the concept of increasing and improving links between CAPs and C4C and other place-based coordination initiatives. Careful consideration will be required to ensure policy and implementation delivers:

- Clarity: Reform should put client outcomes, rather than procurement objectives, at the centre, and clarify the policy intent of C4C vis a vis CAPS and BBF services.

- **Viability:** C4C Facilitating Partners would naturally seek to recoup administrative costs associated with the management of an expanded portfolio. Without additional funding, this would impact on service levels and outcomes achieved, noting we already operate CAPS on very lean budgets – and that C4C CP funding and budgets are leaner still.
- **Alignment:** C4C contracts have now been rolled over for five years; CAPS contracts for only two years. It will be important to align future tendering to provide both contestability and certainty for the sector, and ultimately deliver higher quality and better outcomes.
- **Consistency:** C4C commissioning and budgeting models should be standardised so that contracting with Community Partners is open and transparent, fair and equitable.
- **Quality:** Our CAPS service is our nationally consistent Play2Learn model. There are benefits in maintaining a service at scale, i.e. certainty to invest in research and development, practice improvement, monitoring and evaluation instruments. A fully devolved commissioning model will impact this economy of scale.

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

SCA response:

Genuine and meaningful collaboration takes investment, including resourcing of time and a genuine commitment to partnership and the outcomes being sought above individual organisational gain.

Across our DSS-funded sites, we have established excellent local partnerships, from co-location with health services, integrating specialist visits to our Play2Learn groups, through to collaborative ventures with Aboriginal Community Controlled Organisations. Longer default contract lengths and designated collaboration funding will support greater partnership and collaboration.

Ongoing DSS investment in sector-led provider networks or Communities of Practice also has the potential to significantly improve outcomes for children and families, who will benefit from stronger planning, referral pathways and a more seamless continuum of care in community.

Government can also support providers in navigating or overcoming privacy and other legislative/regulatory barriers to data sharing across organisations in design, implementation and reporting phases. Non-government coordination bodies can also play this role, with appropriate support and resourcing. For example, SCA is backbone for a number of place based, collective impact initiatives across Australia, establishing common data sets and targets to mobilise stakeholders for change; inform community/cohort-informed design and planning, and guide adaptation.

As Kununurra C4C Facilitating Partner we enjoy a genuinely respectful, two-way partnership with local CPs – connecting wider government policy and data sets with community’s experiences and aspirations and coordinating services to reduce gaps and overlaps. We have deliberately structured C4C governance arrangements so that we do not unnecessarily duplicate other local networks, and instead connect in with these forums as required to support better whole of community planning.

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?

SCA response:

The AIFS expert panel is a positive initiative that should continue and adapt to support data-driven and evidence-informed service design, and support providers to make a successful shift to measuring outcomes with guidance on validated instruments, which can then be mapped to SCORE as appropriate by the Data Exchange team. This is a particularly important given the likely shift to mandated participation in the DEX partnership approach.

Future capacity building support should be informed by feedback from proposed provider networks or Communities of Practice (refer response 10 above).

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

SCA response:

We share the Department’s commitment to ongoing continuous improvement and innovation in service delivery. In 2020, we established a new Practice Development team to drive excellence in service design and implementation. The team sets our practice standards, provide practice leadership, build a culture of continuous improvement, coach and develop our frontline staff and maintain systems and processes to enable staff to make the best decisions for children and families.

Departmental settings that enable us to prioritise and invest in innovation and capability include:

- Funding certainty via longer term contracts. This helps us to (a) build trust with clients and engage children and families in genuine co-design; (b) develop collaborative and creative partnerships, and (c) recruit and retain highly qualified staff with the capability to test and trial local adaptations and grow our evidence base.
- Funding at scale, which supports investment in research and development, practice leadership and monitoring and evaluation. For example, our DSS CAPs portfolio funds our intensive supported playgroup model - Play2Learn – in over 70 sites nationally. The concentration and scale of this funding enabled us to invest with certainty and confidence in a wholesale review of the model with the Murdoch Children’s Research Institute to reboot our practice framework, practitioner coaching and measurement instruments.
- Contract flexibility, with a singular focus on achieving agreed outcomes, should result in a reduced reporting for providers and the ability for providers to adjust practice throughout implementation in order to meet our shared objectives. The most recent AWP template sought both outcomes, output, input and detailed budget data. This should be refined in a shift to outcomes.
- Facilitating access and use of shared data sets across Commonwealth and State governments, to support joint service planning, targeting and outcomes measurement.
- One-off supplementary investment, for example, innovation or R&D funds for funders to pilot or trial new or refined approaches, alongside existing service delivery, with the ability to vary base funding arrangements and/or scale up as and when a trial proves successful.
- Maintaining a central DSS’ FAM liaison point, with a highly collaborative and relational approach, a commitment to joint problem solving, and a shared focus on outcomes over outputs or inputs.