

Supporting Improvements to the Families and Children Activity

Public consultation

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Part A – About you

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

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The Salvation Army Australia

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A capital city

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Make a submission

Part B – Supporting Improvements to the Families and Children Activity

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

Recent and emerging impacts on service delivery

Question 1:

How have you adapted service delivery in response to recent crises such as bushfires, drought, floods and Coronavirus pandemic? When has it worked and when hasn't it worked? How will this affect how you deliver services in the future? Have your service adaptations included better integration with other initiatives?

For example, you might like to comment on any specific issues in meeting service delivery needs, or what extra support you need to continue to support families and children during this time?

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

The three Communities for Children sites that The Salvation Army is a facilitating partner for were not severely impacted by the 2019-2020 bushfires nor the floods.

We are grateful for the trust the Department demonstrated in allowing us to diverge from the agreed Activity Work Plans (AWPs) to continue supporting families under new COVID-19 restrictions.

We found that services offered through online platforms such as Zoom had low take-up rates for some families, in part due to poor internet access and poor digital literacy. Our experience highlighted the impact of the digital divide on the children and families we serve, particularly at a time when many day-to-day activities transitioned online. In recognition of this issue, we put together and distributed activity packs for parents to use to continue connecting with their children at home. This also provided an opportunity to maintain connection with families. We also maintained ongoing communication and collaboration with other service providers to improve support and outcomes for families and children, including through sharing information with each other on how families were coping.

The Logan team hosted a weekly community of practice meetings online for practitioners across the city to discuss challenges and innovative ideas for supporting families during this time. Practitioners from different organisations were able to share resources, information and expertise with each other, and we saw regular engagement from 20 to 30 practitioners each week. Feedback from those who participated was that these meetings provided much needed 'time-out' for connection with others working in similar spaces and experiencing similar concerns and challenges. They allowed practitioners to feel connected and supported during such a challenging time.

In Logan we also partnered with Goodstart Early Learning to conduct a series of NAIDOC Week events. By connecting directly with preschools and early learning centres, this allowed us to bypass poor home internet issues. The initiative had an incredible uptake, with over 1,500 children participating throughout the week.

In Salisbury our Play2Learn supported playgroups modified their model to provide online and remote service delivery in response to COVID-19. The modifications enabled them to stay connected to families safely when engaging remotely and included strategies to maintain "line of sight" for particularly vulnerable children for as long as possible. Cultural Support Groups initiated online chat groups and will continue to implement this strategy.

In Tasmania CfC played a lead role in communications with the community around COVID-19 to ensure the messaging was consistent and in wording parents and families could understand. We also partnered with Playgroup Tasmania to produce activity packs, which were distributed out to families with hand sanitiser, which was in short supply. We modified our website and increased our presence on social media to share what was happening in our communities and keep people connected. Our funded programs changed delivery methods, where they could, to online delivery, which had some success.

Our recent online Building Healing Communities: Early Childhood Leadership Symposium brought together representatives from CfC, the SA Department of Human Services, GoodStart, Playgroups SA, Community Hubs Australia, Save the Children, the Australian Refugee Association, Lutheran Community Care and University of South Australia Research in Education and Social Inclusion. The online delivery method meant we had a much greater reach across other initiatives and resulted in a co-designed action plan to build healing communities through integrating early childhood services to resource communities.

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).

Our suggestions focus on valuing identity as well as cultural differences across all families and children's programs, empowering individuals to feel safe, empowering communities to influence improved family and child wellbeing, and ensuring the service system is equipped to support the above.

We offer the following comments for consideration:

- Weaving identity and culture into all outcomes
 - All four key aims would be strengthened by recognising the importance of reinforcing families' connection to culture and identity. We note that ARACY has recently developed resources for measuring children and young people's sense of identity and culture.
 - Celebrating culture must also include emphasising the value of communities that welcome diversity and differences.

- Suggested new outcome domain: 'Social connectedness'. Our research shows the benefits of engagement with CfC sites including finding friendship, enhanced social connection and a feeling of belonging in the community.
- Family Relationships Flourish
 - Suggested new strengths-based outcome: 'Improved family functioning and harmony' to add an outcome that specifically mentions 'family'.
 - There is scope to better recognise non-traditional families or ways of parenting. This includes those within kinship arrangements and cultures with large family (non-couple) connections and relationships.
- Children and Young People Thrive
 - Amended outcome: 'Optimal *physical*, mental and emotional wellbeing', to recognise the benefits of healthy eating and the impact of childhood trauma on child development.
 - Amended outcome: 'Better *engagement* and connectedness at school' to recognise the social benefits of attending school.
 - Amended outcome: 'Feel safe and supported', removing the words 'at home' as children's safety extends beyond the home. As the National Principles for Child Safe Organisations affirm, organisations and the broader community play a role in ensuring the safety of children, as do broader community protective factors.
 - Amended outcome: 'Linked to appropriate services *and information*' to recognise the importance of access to reliable and culturally appropriate information. This includes using plain English and offering options for people with low literacy.
- Empowered Individuals
 - Suggested new strengths-based outcome: 'Perceived safety and right to live free from violence and abuse' to capture the importance of empowering individuals (in particular, women) to *feel* safe.
 - Amended service linkages outcome as above
- Cohesive Communities
 - Suggested new outcome: 'Communities have a say'. This acknowledges the importance of families and children programs listening to community views.
 - Suggested new outcome: 'Improved engagement between services', to evaluate whether services are being provided in a way that is maximising accessibility for isolated families with complex needs.
 - Suggested new outcome: 'Collaborative and effective place-based practice', to evaluate whether FPs are facilitating a cohesive network of support in response to community input, best practice and available resources, in turn building community capacity as families and children access timely, appropriate support in suitable locations.
 - Suggested new outcome: 'Enhanced service system capacity', recognising the opportunity for FPs to improve the capacity of the service system as a whole through collaborative professional development and information sharing opportunities.
 - Suggested new outcome: 'Strengthened family and community assets'.

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).

The Salvation Army agrees there is value in outcomes measurement to demonstrate where our work is and is not effective, and to inform decisions that ensure services produce positive outcomes for individuals, families and our community. We appreciate the work done by DSS to support the sector to meet their Data Exchange requirements. We have reservations about SCORE as expressed in our response to Question 5.

Measuring Outcomes

We understand that the Broadmeadows Communities for Children (CfC) pilot had an 'atlas' – a compendium of evidence-based programs with guidance on the outcomes measurement tools best suited to measuring a range of baseline or benchmark socio-economic indicators.¹ These indicators ranged from data on pre-school and school attendance, early childhood and school readiness, and other community-based targets. Such guidance for the Families and Children (FaC) Activity programs would be invaluable.

Reporting Outcomes

The Salvation Army uses an in-house case management and statistical system to collect data across all our services and uploads our data to the Data Exchange in bulk each week.

We currently report under the Partnership Approach for our Children and Parenting Support Services, as well as for other activities outside of the FaC Activity. To enable us to meet our Partnership Approach requirements, we have undertaken significant work to map our own outcomes measurement framework to SCORE. The SCORE translation guides have been useful, however the process is still time- and resource-intensive.

If Partnership Approach participation becomes mandatory across the FaC Activity, a transition period of 12 months at minimum would be necessary to allow for translation and organisational infrastructure changes.

Understanding How Data Is Used

Our experience in developing an outcomes measurement framework for The Salvation Army's programs and services is that the value that program staff and families see in data collection has significant benefits for the quality (and therefore usefulness) of data collected. There is value in DSS ensuring service providers appreciate how their data is being used by government. This would also help us better communicate its worth to families.

Tools, Training and Other Support

Program staff who attended the AIFS outcomes measurement training found it informative, however did not find it sufficiently targeted for services in complex communities and frontline staff collecting the data.

Our Logan team recently funded evaluation workshops that helped local practitioners work through each step of the outcomes measurement process. The workshops were tailored to our context and included topics such as 'good data', staff and community members sharing responsibility for data collection and evaluation, and the importance of inclusive and respectful research.

Any research and data collection needs to be well-resourced and conducted by staff who understand the community and local context. This requires adequate staff training, including in cultural competency, risks associated with data integrity, and subtle and unintended coercion, and the importance of informed consent, data anonymity and confidentiality.

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

¹ [Better outcomes for children families and the community by developing stronger social connections for families and more effective networks for early-years professionals](http://www.communityhubs.org.au/wp-content/uploads/2017/10/cfc-broadmeadows-evaluation.pdf) (March 2010) Accessed at: <http://www.communityhubs.org.au/wp-content/uploads/2017/10/cfc-broadmeadows-evaluation.pdf>

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).

At The Salvation Army, we are fortunate to have a dedicated outcomes measurement unit. In partnership with the Centre for Social Impact, the team has been developing an organisational outcomes measurement framework that articulates the shared vision across the diverse programs and services that The Salvation Army provides. The framework provides a collective and holistic overview of service outcomes, mapping outcomes across individual programs to four broader outcome domains and to The Salvation Army's overarching mission. The outcome domains are: wellbeing and spirituality, life circumstances, individual capabilities and social connectedness.

These domains are then used to inform the development of service-specific program logics, such as the one developed for The Family Place initiative of the Logan Communities for Children site. Each program logic is a living document that is constantly updated by what we are observing.

For other programs, we have also used a Results Based Accountability model to measure outcomes. It's important for us that program logics or theories of change include a feedback loop so that we are regularly considering our outcomes in order to sculpt programs (and change program logics) for the greatest benefit to families.

We believe that it would be beneficial for FPs as well as CPs to develop program logics to provide a whole-of-community view of our inputs, strategies and outcomes. This program logic is most useful when embedded into the CfC Strategic Plan as a living document that is able to be reported against alongside the Activity Work Plan.

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).

SCORE Capability

The Salvation Army believes significant changes are needed before SCORE can be reliably used as an outcomes reporting tool. The primary issue is that outcomes data is currently attached to sessions rather than cases or service users. As part of our own outcomes measurement framework, we conduct follow-up surveys, sometimes months after the final service delivery session, which cannot be reported under SCORE. This makes it difficult to upload a pre- and post-survey for a significant proportion of clients, and for SCORE to obtain and measure outcomes at both the individual and community level.

Any performance measurement mechanism needs to provide for qualitative, as well as quantitative data.

Performance Measurement Through SCORE

The Salvation Army has reservations about the efficacy of SCORE to measure and demonstrate performance. The Data Exchange does not adequately reflect the complexity of a CfC site, where quantity is not a good proxy measure for quality. Ideally CfC sites would report against their own

strategic plan and related program logic. This would give meaning and purpose to our reports and mean that the data we collect are more responsive and relevant to the communities we serve.

Obtaining Useful Data

We appreciated the ability under the former Family Support Program Performance Framework to measure immediate and intermediate outcomes through surveying a representative sample of community members. Although this did not produce large amounts of data, the quality of feedback was more useful and the staff and community members more invested as they saw the value in the exercise. This shows the benefit of measuring outcomes in a way that plain supports the development of evidence-based practice to produce outcomes.

In developing questions, we need to put ourselves in families' shoes, asking: "Why are you asking me this?" to determine the most essential and targeted questions, "Is now the right time to be asking it?" to carefully choose the most appropriate point in their journey within the service, and "How do I benefit from this?" to ensure clients clearly understand how their data will be used.

We are concerned that the additional reporting requirements under the Partnership Approach would represent a disproportionate reporting burden to the value of the data collected. The experience of our outcomes measurement team is that a single reflective survey conducted at an appropriate point in a client's engagement would better demonstrate impact.

It is also challenging to capture outcomes for community development activities where we may only have a few brief interactions with families. Though it is useful to know how many of these interactions result in ongoing service engagement, this must be balanced with the cost of obtaining this data.

The requirements will present a particular challenge for soft-entry programs, which play an important role in engaging hard-to-reach populations and providing an important entry point to more specialised services. Requiring pre-engagement assessments jeopardises families' willingness to engage. Additionally, requiring families to complete frequent outcomes surveys, which can add 20 minutes to a session could unintentionally deter them from engaging.

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 Is

Every community has its own set of strengths and challenges and each community needs to be assessed against itself.

Success for us looks like families having the environment to build the skills and support networks they need to thrive, not only by accessing the services they need but also by building the trust and relationships within their community. Part of our role is keeping families engaged and supported, as they move in and out of targeted support when they need it and when they are ready to engage (and when the service is available). An essential element of this is a diversity in where families are at, as well as a sense of belonging.

A 'knowledge pathways' survey conducted as part of a recent evaluation of the CfC Logan FP found that participants reported learning from both workers and other families on a range of topics including parenting, child safety and family wellbeing.

Assessing Success

The assessment of the overall success of any program needs to consider outcomes for the broader service system, as well as for individuals, families and the community. This means improved engagement with and between services, collaborative and effective place-based practice, and enhanced service system capacity are also important indicators of success. Previous evaluations of our

CfC sites have shown that population outcomes (e.g. AEDC , substantiated notifications and NAPLAN data) can powerfully demonstrate our impact on a community.

Our experience is that co-design is vital in increasing staff and community ownership and investment in the evaluation and improves the quality and quantity of data collection. Families are more willing to participate when they can meaningfully reflect on the personal impact services have had. This may mean that a standardised evaluation is not always implemented, however it does provide flexibility to reflect cultural differences in communities. Culturally appropriate methods of data collection empower communities to tell their story, embrace differences and ensure evaluations are valuable to all involved.

Principles based evaluation considers both whether what we are doing makes a difference and also whether we are enacting the principles that our work is based on and whether they are contributing to making a difference for families.

Sharing families' journeys is also a powerful way of sharing success because it is more than a moment-in-time look at the impact of an activity. It demonstrates long-term outcomes (sometimes over several years), the impact of multiple activities and strategies, and connections and intersections through the service system. It also provides more contextual information, such as the various factors that may have affected the outcome for the family.

We would greatly appreciate training and support from DSS to select and implement the most appropriate evaluation, undertake principles-based evaluation and qualitative evaluations like The Most Significant Change and to subsequently report outcomes or translate them into SCORE.

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).

Our experience is that most families experiencing vulnerability and at risk of engaging with the child protection system have experienced intergenerational trauma. We have found that intensive support delivered through 'wrap around' services to be the most promising way to break the cycle of trauma. Soft entry activities provided in non-stigmatising locations, such as schools, are a key component in overcoming apprehension about, and the stigma associated with, seeking support. These spaces, sometimes called family hubs or community gateways, provide for seamless transitions from soft entry activities to more intensive support groups and tailored individual trauma responsive strategies. They can also provide a welcoming environment serviced by multi-disciplinary teams able to respond with skill and flexibility to families experiencing vulnerability. Results to date have been encouraging, as outlined in the 2019 report, 'The Family Centre Approach to Early Intervention and Prevention'.

Targeted services are most effective when offered in this environment. Our experience is that a safe and accepting environment, where people feel a sense of belonging, is critical in opening the space for people to acknowledge that there is room for change. This is particularly important for intergenerational or 'wicked' problems. Targeted intervention can be an isolating, intensive and confronting experience, and people need a safe space to come back to and practice what they're learning in an authentic way with intentional support. Our experience is that learning happens incidentally when people come because they want to be there, because the environment is culturally safe, appropriate and fun.

To better enable such centres to achieve their full potential, we suggest that:

1. Family hubs invest in building strong connections within the service system. This allows them to receive appropriate referrals from agencies and institutions engaged with child protection, including government agencies, childcare, schools, playgroups and the general community.

2. The system itself needs to be redesigned to better engage with families with multiple and complex needs. This includes addressing duplication of resources and funding at different levels of government. At a recent symposium, we collaborated with stakeholders to produce a practical set of principles and activities to build trauma-informed healing communities (attached).

A recent evaluation of our Salisbury 'The Wellbeing Classroom' initiative (see attached) identified improvements in children's social relationships (including a reduction in bullying), their abilities to identify their own and others' feelings, and school attendance. These results are significant in a school with relatively high levels of cultural and linguistic diversity and complex social contexts including low incomes, refugee backgrounds and disability.

We also provide cultural support groups for the significant number of culturally and linguistically diverse and Aboriginal and Torres Strait Islander families, to provide support and information for mothers, who would otherwise be at risk of isolation, and for children to engaged in quality, trauma-informed learning environments. When these are located in a family hub context, there is opportunity for them to move into other activities and broaden their engagement with community services and groups.

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).

N/A

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).

Where different levels of government may be funding similar services in the same geographical region, the ability to report once against an agreed set of outcomes would allow staff to spend more time on service delivery.

Aligned funding periods between Commonwealth government agencies and between the Commonwealth and state/territory governments would allow more opportunities for services to form consortia rather than competing in tender after tender for a limited pool of funding. This would allow for services to work together towards shared goals and collaboration on meeting the identified needs within the community.

We stress that a greater focus on collaboration and coordination, while strongly welcomed, would also need to be supported by funding, tools, support and mentoring. We would support a greater focus on a partnership broker approach in which all partners share both risks and benefits and where families and community are equal partners. This differs from the collective impact philosophy, which takes more of a top-down approach.

We would value greater access to information on other Commonwealth and state-funded programs and community development strategies in our Activity Delivery Areas, perhaps provided in a map format. This would enable program managers to better integrate with other program activities, nurture broad ranging partnerships, fill service gaps and achieve community-based outcomes.

We have found it important to work together with representatives from services and systems on common challenges we all face in providing improved services with families experiencing vulnerability. Many of the challenges have to do with practice implementation. Our experience through the CfC initiative is that while implementation science is helpful, it cannot substitute practice wisdom gained from delivering family support. Our experience is that bringing service providers and researchers together on specific topics or issues in specific time-limited capacity building events has been incredibly productive. The relationships developed in this process have established a platform for ongoing coordination across services and systems. Meetings are conducted on an as-needed basis as we continue to collaborate to facilitate integrated services.

The major challenge of this strategy is that personnel in the sector change roles quite frequently. That is partly why we have found it useful to bring people together periodically to work on capacity building workshops, conferences and symposiums. Past gatherings have resulted in the development of family support hubs in schools and a whole of school wellbeing initiative. Our experience in Salisbury is that success has been contingent on strong relationships with Department for Education representatives, as well as early childhood experts from the University of South Australia and contracting service providers who have established credibility in working with schools.

As an FP it would be beneficial to be able to provide a percentage of services ourselves. This supports collaboration with our partners with a greater sense of a mutual partnership. The services provided could be innovative (perhaps for a trial period before being established as an activity) and utilise the strengths of the FP organisation.

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 FP response to Question 10 in the space provided below (500 word limit).

The initial iteration of CfC provided extensive capability building training, mainly from researchers and representatives of related overseas initiatives such as Sure Start in the UK. While this was very helpful, we found it important to engage with practitioners, as well as researchers and policy makers, in the process of developing and implementing activities supportive of families experiencing vulnerability. Conferences that our Facilitating Partners convened were well received by practitioners and resulted in publications and other resources including videos of presentations contributing to building capability in the sector and beyond.

The process of implementing these initiatives brought together key stakeholders and engaged us in very productive initiatives and collaborative relationships including with academics invested in the sector. We have also experienced initiatives that have been stifled by competing agendas and controlling interest groups and been far less productive and more time consuming.

Our learning suggests we need both research and practice from multiple sources provided by the department, research alliances and practitioners. Families Australia conferences have been useful and more recently FRSA has initiated useful conversations regarding policy matters. We have found many relevant learnings in books, articles and online presentations. The vastly improved live online platforms have also contributed significantly to the facilitation of capability building in recent times, as we discovered with our recent *Building Healing Communities* symposium.

We appreciated the outcomes measurement training conducted by AIFS a number of years ago. We suggest that any future sessions would benefit from being better tailored to the differing levels of skill,

knowledge, experience and organisational infrastructure. We suggest at least two training sessions, a basic entry level introduction to outcome reporting and a more advanced training session. We would also appreciate opportunities for program managers to better understand data collection in the context of their own capabilities and their organisation's infrastructure and resource constraints. A clear demonstration of the potential benefit to organisations, as well as incentives to encourage 'buy-in' may also facilitate better attendance, particularly from organisations with limited resources.

Government naturally expects high quality services, but service providers are not always given the tools and resources to do that efficiently. We need the space and capacity to first learn how to, and secondly, to do, good research, and then to feed this back. Research without capacity building at its heart will rarely translate into better practice.

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).

Our experience has been that the 50 per cent evidence-based requirement has had the unintended result of stifling innovation and our capacity to respond to community need. TSA is in no way advocating for service delivery that lacks evidence, but rather suggests that the focus needs to be on evidence-based *practice*, rather than on specific programs themselves. This is because simply delivering an evidence-based program does not mean that we are meeting the specific needs of the communities we serve. This is for a range of reasons, including that the approved list is not sufficiently broad to suit all identified needs, there are few programs for Aboriginal and Torres Strait Islander families, and staff need to undertake training to provide it. The associated reporting burden has been particularly felt by CPs and has meant in practice that FPs hesitate to award small contracts in response to community need.

If instead services were adequately funded to invest in staff training and capacity building, if staff better understood the data they were collecting and their accountability, they would be equipped to identify their community's needs, provide 'joined-up' service delivery, and build a community of practice that supports continuous improvement. If staff had the training to develop programs and practice responsive to community need, the support to develop a program logic and then evaluate it, this would be much more innovative and responsive to each community's areas of need.

We argue that this investment in staff capacity needs to happen at a sector level and take a long-term view to achieve lasting results for communities. As a sector, we are being asked to provide more and more data without necessarily understanding how to do so or its benefit. This has led some organisations to develop cumbersome surveys that do not reflect the program or are otherwise not fit-for-purpose.

An independent evaluation by the Flinders University was carried out across all six Communities for Children sites in South Australia. One of the outcomes considered was the impact of changes to the FP role, including the evidence base requirement. It found that we cannot assume programs are effective simply because they meet an evidence-based requirement; they need to be appropriate to the target group and provide opportunity for long-term engagement.

For these reasons we believe that it makes sense to relax the 50 per cent evidence-based requirement to allow for funding to be invested in building evidence-based practice, where there is good reason to do so. This would be enhanced by strengthening the capacity and capability of services to co-design evaluation tools and research that is culturally competent, relevant, and effectively captures the work we do.

Funding to evaluate programs that support innovation remains critical. We would also welcome opportunities to work with external organisations to help integrate innovative approaches into program and service delivery models.

Regular analysis and use of ABS SEIFA data to establish benchmarks and baseline data for communities will also strengthen opportunities for innovation to meet the needs of individuals, families and communities.

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).

As identified in previous responses, we strongly support the building of a community of practice, access to a summary of family and children activities within communities/locations and the ongoing training provided by AIFS in supporting organisations and informing good practice.

Structured and regular analysis of ABS SEIFA data would be of great benefit to all program managers to support innovation, address service gaps and achieve outcomes. Population data like these can be a useful measure of our success in building healthy and healing communities.

We note that The Early Years Catalysing Group set up on response to the March 2021 National Early Years Summit is undertaking the development of a major dynamic systems model to be widely scaled up in 2022, stating:

“This will contextualise the components of the Australian early childhood development field and create a holistic picture that can identify the interactions, barriers and opportunities where levers for change can be found. Again, this will be a broad and deep collaborative process requiring engagement and input across the early childhood development field.” (ARACY, 2021)

This initiative aligns well with the Action Plan developed through the 2020 Building Healing Communities Early Childhood Leadership Symposium. CfC has the potential to implement key recommendations coming from these and other related initiatives more broadly across local service systems.

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.