



everyone's family

The Smith Family

**Submission on the Department of Social Services Discussion Paper
Supporting Improvements to the Families and Children Activity**

February 2021

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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?

Two major natural events, the 2019/2020 Bushfires in NSW and VIC and the COVID19 pandemic, significantly impacted the service system and disproportionately affected vulnerable clients and communities. While the effect of COVID19 disruption on community has been a focus for all service providers, it is important to note that we will not have a comprehensive appraisal of the real impact on children, families and communities for some time to come. The *NGO Telepractice Venture* (a coalition of organisations and Government partners) in which The Smith Family is a partner, is looking to understand the service delivery modifications during COVID19, consolidate the telepractice learnings and deliver a continuum of care to families for whom telepractice is a viable and timely response in the future.

What worked and lessons for future

Agility, adaptability and leveraging technology: With the beginning of restrictions in March 2020, Communities for Children Facilitating Partner (CfC FP) was well placed to quickly mobilize the service system to focus on the changing priorities for children and families and leverage on shared resources within the community to manage the consequences of restrictions and information anxiety. In The Smith Family's nine facilitated CfC FP sites, the local CfC Committees were instrumental in sharing and coordinating service delivery information. The Committees continued to meet bi-monthly through Zoom and ensured that there was support for rapid activity adaptation by community partners.

The first priority was to focus on what the client 'needed' at this time of uncertainty and this led to intentional family-centric and client-led practices. A degree of program adaption were undertaken, including rapidly creating online delivery modules, with the aim of providing participants greater options and flexibility, ensuring ongoing attendance, completion rates and importantly social connection for vulnerable clients. Practitioners proactively reached out to clients using not just online technology but also traditional methods of communication including phone calls..

CfC FP sub contracted partners (CPs) demonstrated increased agility; they modified client intake and engagement strategies, invested in workforce development and the strengthening of locally coordinated partnerships to provide modified engagement and communication strategies with families. For industry practitioners, a focus on their own wellbeing and self-care, and the extension of that to community-care, saw a shift in the way we work together. Many CPs opted to have fortnightly zoom check-ins and elevated their efforts to understand each other's activities and explore opportunities that benefit children and families engaged in their programs.

Collaboration and shared purpose: What has worked from a systems perspective is the high degree of collaboration between services, including across the sector and with different levels of government. In these instances, collaborators developed a cohesive response to what was happening in the community, and this heightened mutually reinforcing activities, and reduced competitiveness.

What also worked were hybrid models of delivery. Where services were able to keep their doors open, within health restrictions and advice, community members who would otherwise have been isolated were still able to receive tailored support. And where the option was available, service providers resourced and built capacity of communities and families to break down isolation by connecting with friends and peers through virtual platforms.

What were the challenges and insights

Challenges during this period, included decrease in participation numbers across all activities as reaching new participants and forming relationships was often difficult. Delivering Evidence Based Programs (EBPs) with fidelity, and opportunities to measure outcomes within context of changed delivery became challenging. In VIC, where there was an extended lockdown period, there was a significant reduction in programs having group delivery, and many simply ceased to exist. There were implementation delays and families reported feeling pressured to participate in many online hours because of competing priorities (including supporting children's online learning). Online fatigue, for both families and practitioners was a challenge, especially for practitioners who needed to redevelop programs and reimagine delivery multiple times.

A significant problem that has been highlighted during the pandemic is the different levels of availability of technology to families and within the Not for Profit sector. The digital divide, whether because of access to devices, access to connectivity, limited infrastructure (even in urban communities), or digital literacy, saw disparities between the haves and the have-nots significantly accentuated.

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?

As the CfC FP facilitating partner for nine communities across Australia, The Smith Family strongly supports the Department's emphasis on outcomes, and welcomes the Outcomes Framework proposed here as it is strengths-based, holistic, focused on families and children, and is framed within a 'thrive and flourish' lens. The framework keeps the child at the centre (as per the ecological model of child development) and this is essential to ensure that all influences that shape positive outcomes for a child are recognized and leveraged upon.

Cohesive communities: under this domain, we recommend inclusion of outcome/s that are linked to system's capacity building and the creation of child friendly communities. This is essential for programs such as CfC FP that aim to enhance systemic linkages, and build the capacity of the service system to create a more responsive and accessible continuum of support for children and their families.

Physical health as an outcome not just contextual: at present, FaC Activities such as CfC FP contribute to physical health outcomes of children in the community. The approach taken is preventative and early intervention. While health related interventions are often within State jurisdiction, there needs to be an acknowledgement that FaC Activities have a role to play in improving the physical health of children within the community and hence we recommend having physical health of children not just as a contextual factor but also as a secondary, program level outcome.

In addition, clarity around the following points would help in better understanding of the framework:

- clarifying the meaning of 'families' within the diagram: a definition is provided in the discussion part of the paper, and it would be useful to attach it to the diagram;
- a more explicit acknowledgement of domestic and family violence: incorporate an outcome that speaks directly to the harm caused by domestic and family violence on family relationships e.g. 'all family members (particularly women and children) participate in family decision making with safety, dignity';
- change 'linked to services' to 'People have access to services'
- include an additional stand-alone outcome 'children and young people have a voice in decision making'
- change "Cooperative parenting" to 'Shared parenting'
- "strong & resilient" – may need further specificity to define what is measurable under this broader criteria ie: increased social connectedness, conflict resolution skills etc.

Measurements: There are quite a few outcomes, with some duplication, which could make measurement difficult. The outcomes also need to be aligned with and easily cascade down to the different programs under FaC Activity. The outcomes under the framework will need to be mapped correctly to DEX and DEX data capture and reporting (SCORE) significantly improved if the framework is to add value to outcomes based service delivery.

Question 3:

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

The interconnectedness of data and the tools to support outcomes measurement has improved over the recent years and the introduction of DEX and SCORE reporting have provided an important central platform for direct service delivery reporting.

Data access and trend indicators for users to plan and enhance delivery: At present, DEX is useful for government and its policy teams, since it can provide high level patterns of service usage (such as during the bushfires and during COVID19 restriction period) and service users demographic trends. However, it is not productive or particularly useful at an organisational (service provider) or community level. For program specific purposes, such as in the CfC FP context, the linkages and data available does not provide information and insight for informed decision making. SCORE is a blunt tool for our Community Partners and for us as FP. For example, there is no capacity to differentiate between domains when entered in Goal or Circumstance at program level, and we rely on additional reporting for outcomes achieved.

As DEX improves and evolves, we would like to see in the system the capability to make the data come 'alive' for users. This will provide useful management information for organisations that can be used to adapt services and support targeting. For DEX to be meaningful for the Not for Profit sector and community (and not just government), the platform must have resources and tools to develop capacity in the sector to collate data, interpret it, enter it, and interact with it for the purpose of communicating positive impact for children and families, and for improvement of service design and delivery. This would make DEX a repository for shared data for the purposes of both government and the practitioners inputting the data.

Investment in users data literacy and consistent data protocols: Data reliability and cleanliness is directly linked to users data capability. Therefore, more investment is needed to build practitioners capacity to understand data validity and the importance of data protocol and consistency in data collection, analysing and interpreting data insights. For instance, in SCORE, there is a vast difference between self-assessment and practitioner observation of pre and post measures. This needs to be streamlined for the data to be meaningful, even at a population level. This ties in with support for practitioners to understand ethics and data sovereignty, and to build protections in the platform to safeguard participant data. For example: without appropriate, informed consent from individuals, identifying details about them should not be entered regardless of the de-identification of data via statistical linkage key.

Alignment of FaC Activity outcomes with DEX output fields and SCORE: With the development of the proposed Outcomes Framework, it will be important to modify DEX to accurately capture data that provide meaningful indicators for these proposed outcomes at a client but also activity level. As previously mentioned, the output recorded in DEX for different FaC activities can be subject to user interpretation and not always reliable at a program level. This flows through into outcomes reporting through SCORE. Certain outcomes such as 'Community SCORE' are very unhelpful because practitioners cannot expect to see or measure change for participants through a one –off event (very light touch). Support with measuring outcomes for Guidebook EBPs and Promising Programs would include provision of validated assessment tools and accompanying SCORE translation matrices. There is also a need for general guidance to practitioners on developing surveys and tools, where to locate and how to select validated tools.

While it would be good for FPs to have greater visibility of sub-contracted Community Partner activity data, while the portal serves a limited purpose, visibility will not enhance functionality and use of the data.

Evidence

Question 4:

Do you already have a program logic or theory of change outlined for your program? Did you find the process useful? If you do not have one, what has stopped you from developing one? What capacity building support would assist service providers to develop program logics and theories of change?

It was good to see the diagram of Stages of Program Design in the discussion paper (Outcomes section) which acknowledges the importance of structured program design for good outcomes. A well-defined theory of change supported by a program logic enables effective monitoring of inputs (investment) and outputs and ultimately indicators for outcomes achieved. The Smith Family has theory of change and a program logic for every program it delivers. This coupled with a rigorous Outcomes Based Accountability Framework helps in focusing activities to achieve outcomes (is anyone better off).

Communities for Children FP- lack of a program logic: It has always been a concern and a challenge that CfC FP activity does not have a well-articulated Theory of Change and Program Logic. The national evaluation of the Communities for Children (2005-2009) did propose a logic model (<https://aifs.gov.au/publications/family-matters/issue-84/national-evaluation-communities-children-initiative>). However, there has been no further development of a comprehensive program logic that encompasses the policy reforms and practices changes that has shaped CFC FP over the last decade.

Along with the Outcomes framework for Families and Children Activity, we would recommend a focus on CfC FP specific theory of change (at a minimum) and where possible a program logic. For CfC FP this will bring together the various core elements of the activity including the systems linkages, community capacity building and direct service delivery to children and family.

Sub contracted service delivery activities program logics (within CfC FP): The Smith Family sub contracts direct service delivery to over 60 Community Partners across our nine CfC FP facilitated sites. There is a program plan based on program logic for each direct service delivery activity. The process of collaborating with local Community Partners in developing their program plans highlighted the difference in expertise regarding understanding and undertaking program design.

Sometimes the need for a program logic can be viewed as a barrier to innovative, local service delivery response. This often stems from a misunderstanding of theory of change development and associated program logic as a compliance tool rather than a design and evidence informed process of ensuring activity has a sound basis for the change it is intending to make. Theory of change development processes should include input from those people who will benefit from the provision of the service. The introduction of Evidence Based Program requirements helped with partners valuing and understanding the importance of program logic as the first step to program design and evaluation.

Capacity building in program design: The ongoing usefulness of program logic models in practice would be an appropriate place to focus capacity building. This can include support in timing and process of evaluating programs for the purpose of improving service design and delivery, and for reviewing program logics. In terms of reviewing program logics, support and capacity building around what is adjustable (inputs and outputs), and what should only be reviewed using a proper evaluation of the program's achievements (the outcomes) would be beneficial so practitioners fully understand how to use program logics as a tool from the start of service design and throughout implementation and evaluation. We perceive a difficulty with program logics to lie in the fact that these are often developed by managers, with limited engagement of the team who will implement the program. Along with the high turnover in the sector, this becomes problematic over time as delivery is at risk of moving away from the intended outcomes of the program. These challenges can create disconnect with the original intent of an activity and affects the practitioners' ability to see the big picture in terms of the need for the activity to address a problem for children and families in the community.

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?

Ensuring there are periodic review points in the new five-year contracts is a reasonable way forward for the CfC FP initiative and we welcome working with DSS to use these review points as an insight sharing and continuous improvement opportunity rather than only as a performance monitoring process.

Leveraging on what's working well: DSS has informed us that Department staff find value in the Activity Work Plan Reports that FPs submit annually, so it would seem beneficial for focus to be placed on improving these and on developing a format for the report content to be translated into DEX. There are products and dashboards currently available that enable such processes and DEX would have the potential to expand its functionality.

We also hear from DSS FAMs that they value being members of our place-based local Committees and that the communication they receive through that channel (eg FP Report outlining CP and FP activities in between meetings, meeting minutes, and site activity delivery reports) are important for their confidence in the effective implementation of the initiative. FAMs also share some of this material with the Policy team in Canberra. There would be value in factoring learning from this ongoing communication into the formal review points suggested in this question.

Constructive Feedback loop: It will be useful to understand from the commencement of the new grant agreement what DSS intends to put in place to provide us with timely and valuable feedback for tactical and policy changes, for example in response to AWP report submissions or government policy changes that impact on collaboration between commonwealth and state initiatives. We would like to see these reviews be beyond compliance, be a two way communication, and add value to a collaborative relationship with the Department that has potential to strengthen during the new funding extension period.

A way to recognize and measure facilitating partner performance: Measured and demonstrative performance should align with the core elements of the program, which for CfC FP includes the systems work undertaken by the facilitating partner. We need clear elements that demonstrate how that is happening, and that tools such as community engagement contribute to achieving high-level outcomes. Including targets around access for vulnerable communities, and a way to record the balance between universal and targeted delivery, would also be beneficial in review points.

In 2015/16, The Smith Family advocated for including some kind of data reporting for the Facilitating Partner efforts into DEX. While we acknowledge and appreciate that the FP DEX reports were established in response to these suggestions, we find that in practice this approach has not fulfilled its intended objective as it remains outputs based, which is not a suitable way to communicate our work as FP.

Question 6:

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

The Smith Family is a national organisation with a focus on improving children's education outcome and on addressing poverty for children and families across the country. Our CfC FP teams are place-based and they ensure that the program is not just evidence based, but also informed by local context and voices of our local community members. We access up to date research and data to test approaches based on shifts in increased protective factors, and we translate that information for use by service providers.

We use the logic of Outcomes Based Accountability, as this framework emphasizes not just doing well at a service delivery and systems level but ensuring that the end users are better off. At each The Smith Family's nine facilitated CfC FP sites, success is seen through what is positively changing for families and for communities after evidence-informed investment and support are provided: ***is anyone better off?***

A strong community system to serve children and families: We reflect on the conditions for collective impact and systemic linkages and consider our success through the level of mutually beneficial activities. This include the complimentary alignment of sub-contracted activities to the sites' Community Strategic Plans and priority areas as identified by the community planning process. This is further demonstrated in the facilitating partner activities that are responsive to opportunities for communities and for practitioners, to build the skills and capacity within the service system.

The partnerships and collaborations that form at site level and the nature of these collaborations, including their longevity and efficacy, also contribute to our success because of the importance of these relationships and connections in achieving our common objectives to improve outcomes for children and families.

Responsive to and embedded in the community we serve: An important indicator of our success is how well we are received and perceived in the local community, by children, by families and by our partners and cross-sectoral stakeholders. CfC Committees have diverse and representative membership, community partners actively collaborate, and we ensure clear and constant communication with our governance Committee that keeps us transparent and accountable. During COVID19 crisis and in response to the February 2020 announcement of extension of funding to CfC FP in early 2020, our service provider partners responded with pivoting delivery. We reviewed all contracts and worked with our Committees to endorse a new AWP via zoom. Success in this instance was the trust and support that was received from stakeholders to ensure that the end result was that funding was invested in valuable activities that would best support children and families in the current climate.

In the next iteration of CfC FP, we would welcome the opportunity to assess the sustainability of our work for communities. Looking at this from a modern social cohesion and social capital perspective, and aligning it with COVID recovery for children and families, as well as for preparing communities to respond to future crises (resilient communities).

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?

Response to this question, as elsewhere in the submission, is from the perspective of the Communities for Children Facilitating Partner (CfC FP) activity. The characteristics of the communities in which CfC FP is implemented indicate the existence of high levels of vulnerability for the whole community. Vulnerabilities in these communities ranges from those experienced by Aboriginal and Torres Strait Islander peoples, by people of culturally and linguistically diverse backgrounds, people of refugee and refugee-like experiences, and people who have experienced inter-generational poverty and trauma.

Universal activities that create safe space for targeted vulnerable client participation: In order to ensure that we remain place responsive it is important that CfC FP continues to facilitate and deliver activities that are universal but targeted in areas and with vulnerable groups specific to each community. Universal early intervention and prevention activities provide non-stigmatising and warm referral points to specialists who are expert at supporting children and families experiencing particular vulnerabilities, including the risk of entering the child protection system. For example, activities can be targeted to support children and families who are at risk of incarceration, but the service or program itself can remain universal and inclusive to ensure a whole of community approach to supporting those needing the targeted intervention thus reducing stigmatisation.

Our experience of working with disadvantaged families over many years demonstrates that what makes a real difference is ongoing service that provides dedicated, long-term support, through trust-based relationships, with the individual always at the centre. We therefore advocate building a stronger shared understanding of the current service landscape, as well as a stronger understanding of the physical and social community existing around at-risk children and families. It is important to improve the shared understanding (amongst the sector and the community) of the following practice approaches that evidence tells us are essential for achieving positive outcomes:

- Trauma-informed care and practice
- Culturally appropriate and safe practice
- Co-design
- Authentic community or parental engagement
- Systems change

The universal and prevention aspects of CfC FP are critical in reaching children and families who would otherwise not have opportunities or the desire to participate. These aspects are also needed for sustainability, as community members and practitioners become better at accessing each other. This approach, coupled with an intentional focus on reaching the vulnerable clients through targeted approaches can deliver further positive results. In 2012, the inclusion of strategies for *Vulnerable and Disadvantaged families (VADCAS)* and the *Indigenous Access Improvement strategy* as part the CfC FP community planning significantly improved the reach and support of these cohorts through CfC universal access activities.

Bringing evidence based, aligned responses to vulnerable cohorts: While the safety and protection of every child is everyone's business, each State and Territory has its own department with responsibility for this, as well as for early intervention within child protection. In NSW, Department of Community and Justice (DCJ) recently adopted an approach similar to CfC FP using program logics, delivery of EBPs and reporting through DEX, and it will be important to maintain complimentary

alignment across the funding streams and focus on what we can improve across the system, particularly warm referrals.

We have received feedback from FAMs that reporting of referrals in DEX and through other reports is low. This is a significant issue that we would like to see addressed in a targeted way. Setting feedback loops and accountability may shift practice and practitioners' mental models when it comes to making intentional warm referrals. Benchmarks could include consideration of not accepting reporting of cold referrals, and in setting standards for internal versus external referrals for organisations. Conducting warm referrals requires skill, knowledge and a time commitment, and investment in these would enable practitioners to plan their work according to the interests and needs of the individuals they are supporting.

Inter-governmental policy alignment and data sharing enabling effective service delivery to vulnerable cohorts: Policy alignment and communication between levels of government, and between organisations and state and territory child protection departments, would enhance the sector's ability to provide targeted support. The current limited access to data and trends (cohort level) relating to specific risk and vulnerabilities in an LGA makes it very challenging to plan and design services that address specific problems, such as domestic and family violence and we would welcome a shift in this practice.

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?

- Not applicable.

Question 9:

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

The Smith Family welcomes a systems perspective to collaboration. We recognise that effective collaboration is multi-layered and complex, that it involves buy-in and an 'influencing' approach to shared decision-making, and because the effectiveness of our work is dependent on working effectively within our sphere of influence more than our sphere of control. It is imperative that for positive change to take place for the community, systemic collaboration is undertaken with a user/client centered lens rather than being organisation or service system focused.

The challenges and barriers to collaboration are not necessarily on the ground, or sit with individual practitioners, teams and organisations. The conditions for successful and productive collaborations can be built into the systems that guide the way we work together, and to remove the real or perceived competition that drives individuals and organisations to work in siloes or be driven by their own agenda.

It would be incredibly beneficial to communities and to the sector to have cross-government collaboration and coordination. There are high expectations for FPs to have diverse and representative Committees that include government representatives, and in many instances this is effectively achieved, but red tape, conflicting policy agendas, or concerns about cost-shifting often limit the effective participation of government representatives. In the Committee ToR we request that each member participates on behalf of and for the benefit of the community first, and as a representative of their organisation second, and we would welcome the opportunity to discuss how this may be extended to government representatives.

Creating the conditions for a systems approach to collaboration would begin with a shared definition that includes, for instance, agreement that collaboration is for the benefit of community members. In Fairfield NSW, the FP worked to bridge relationships between the child and family sector and the settlement sector, and it built a foundation for practitioners working with refugee families during their first year of settlement to directly connect the families to child and family services. This practice prioritises the needs of the children and the families themselves, and provides direct cross-sector access to the community.

Setting expectations that all delivery organisations have *some* interaction with systems thinking, and awareness of mental models and their impact on culture and practice, complemented with an investment of time and resources, would be welcome by FPs so that work on the ground is supported



by policy and guidelines. As FP, we think it pertinent that we don't do anything on our own, and this takes a lot of time and influencing, and having this important part of our work supported by policy would enhance opportunities.

There are **practical ways that DSS, and FAMS in particular, can promote collaboration**. It would be beneficial to learn from them about collaborations that work well, where there is a clear goal with tangible outcomes that directly benefit children and families and places them at the centre of the work. A commitment to collaboration includes creating opportunities that are supported with resource and time allocation, and these can be factored into FaC Guidelines, AWP's, and budgets.

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?

As facilitating partner, The Smith Family considers it our most important responsibility to build the capability and capacity of our community service partners to create a connected and responsive service system. Some examples of the way we do this is:

- bringing subject matter experts to our communities and holding thematic forums that encourage knowledge sharing both at a conceptual and practice level
- collaborating with our partners in designing, translating and understanding program logics for specific service delivery responses
- creating awareness about implementation science and how it is linked with evidence based program delivery (EBP fidelity)
- intensively working with partners in understanding and analyzing data. This also included supporting partners in accepting and using DEX data system.

The introduction of funding allocation to evidence based programs in 2015 has been a productive way to set evidence-based standards for service delivery to vulnerable clients. The establishment of Expert Panel was to help build the capacity in the delivery of these programs and enhance sector capability in program design, implementation and evaluating impact. However, while excellent concept and initiatives, the limited uptake was more compliance rather than capability driven.

Evidence Based Programs (EBP) and implementation science

There is a number of programs on the AIFS EBP lists that do not have:

- outcomes measurement tools, or recommendation to use specific validated tools,
- clear outline for what is required for program delivery with fidelity,
- advice for reporting consistency.

Considering the investment in procuring EBPs, we would like to request that DSS and AIFS support FPs and CPs to connect with program owners and developers, enabling better value on the investment and higher fidelity of implementation. There are layers of complexity and challenges when using EBPs in our diverse communities. One is about targeting, to be responsive to needs of families as opposed to filling places in programs, another is about how to ensure off-the-shelf programs are implemented in culturally appropriate ways.

Access to an array of programs and training for practitioners and organisations are critical in ensuring that there is program choice when working with families experiencing vulnerability so that the specific needs of the families can be met. The Smith Family, as facilitating partner, invested in developing translations of EBP programs with community-based validation of the quality of the translation. We also invested in training for local practitioners to train others to deliver EBPs where the cost and the conditions of training by the program owner are prohibitive. Support from AIFS and DSS to address these gaps in implementation of EBPs in community would be well received, and would enable better responsiveness to the needs of families experiencing vulnerability.

We would welcome AIFS review and development of the rules for assessment of programs for inclusion in the Guidebook and Promising Programs lists. It would be beneficial to explore more sophisticated methodology to assess non-standard programs for inclusion in the list, such as non-manualised programs and community development programs. The Abecedarian Approach is a good example of this.

Systems thinking and human centered design

Given the focus on Cohesive Communities in the proposed Outcomes Framework, there is a need to create a shared understanding of systems thinking within all FaC activity providers. Understanding the ideas of common agenda and mutually reinforcing activities will help the service providers better value each other's contribution leading to increased collaboration and reduced duplication of efforts.

Organizations such as TACSI are supporting the sector in leveraging on human centered design thinking to bring the voice and perspectives of the end users of services early in the exploratory and design phases of program development. This generates more innovative and user centered program responses that are not only evidence informed but can have higher use acceptance (participation).

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?

Flexibility in funding allocation to encourage 'try, test and learn': to truly encourage innovation and signal its commitment to it, DSS can stipulate that a component of the annual activity funding could be used for evidence informed innovation. This will be similar to the earmarked funding for local evaluation (2% of total funding) in 2005-2009 implementation of Communities for Children and the more recent 50% requirement for evidence based funding allocation. Innovation is more about approach, attitude and culture. It does not always require significant amount of funding but the way funding is allocated does indicate a willingness to take risk and work to an action-learning framework.

Leveraging on peak bodies such as FRSA to organize innovation forums for program specific providers: the recent collaboration and coordination (in response to COVID19) supported by peak bodies such as ACOSS and FRSA can be leveraged to generate an active conversation in the sector regarding innovation especially with regards to specific program streams. There is an appetite in the sector for more agile and creative service responses but a justified fear of failing on contract requirements and wasting of valuable resources.

Using the 'engage' website on DSS portal or the CFCA portal to share innovative practices across FaCs activities: service providers of FaCs activities now extensively use these websites and portals. Having innovative service and system responses showcased on these website will provide a strong government endorsement and will encourage other service providers to connect/try these approaches.

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?

Importance of effective, flexible local Governance for place based initiatives like CfC FP: For CfC FP, an active and representative governance local Committee is critical to ensuring place responsiveness, systems linkages and shared decision making, as well as transparency of program delivery. The Committee structure that was established early in the life of CfC FP has influenced the way multiple other funded programs are overseen by committees, and it has contributed significantly to shaping the way place-based approaches in multiple communities around the country have developed governance structures and leadership groups.

At this point, it would be beneficial to review the way the Committee is presented in the DSS Guidelines, and the way it functions in CfC communities. While it is useful to have a guide that outlines how the Committee looks and function, it would be helpful to have built-in flexibility to allow groups to be truly representative of their communities, and responsive to different contexts that arise through the life stages of collaboration in the community, as well as the implementation stages of the CfC FP initiative.

Our recommendation is to shift the Committee to a place-based, collaboration-driven, leadership group where the decision making is ongoing and broadly addresses all aspects in the community that affect the health and wellbeing of children and families, and where the actions of the members focus on developing a power-sharing leadership group that is continually working towards building child-friendly communities.

Some useful models are: Enabling local collaborative governance (QCOSS); Platforms (RCH); Collaborative Leadership (Tamarack)

Importance of an informed, strategic community planning and time to do so: As demonstrated over the last fifteen years of CfC FP implementation, a data informed, community responsive, strategic planning is necessary to ensure that the program is reflective of the changing needs of our community. It should include the voice of the stakeholders (children, their families, the service system, the influencers including businesses) and take into account influences of external factors such as LGA boundary changes, COVID19 impact etc.

The time taken to do the community strategic plan phase has to be adequate. We would recommend having a year of transition built into the new agreement between DSS and FPs, similar to what was done in 2014/2015, with a view to starting the CSP process from 1 July 2021 and submitting an endorsed AWP in April 2022.

We would also value DSS sharing with the facilitating partner community specific current data trends arising from DEX and other administrative databases.