



Centre for Community
Child Health



A stronger, more diverse and independent community sector

Response to the Department of Social Services Issues Paper

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The Centre for Community Child Health is a department of The Royal Children's Hospital and a research group of the Murdoch Children's Research Institute.

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The Centre for Community Child Health acknowledges the Traditional Owners of the land on which we work and pay our respect to Elders past, present and emerging.

Background

About the Centre for Community Child Health

For over 25 years, the Centre for Community Child Health (CCCH) has worked collaboratively with families, communities, practitioners, organisations and decision makers for sustainable and equitable improvements in children's health, development and wellbeing. Our purpose is to see every child thrive. CCCH is part of the world-class Melbourne Children's Campus that unites clinical care, research and education. We are a research group of the Murdoch Children's Research Institute, a clinical department of The Royal Children's Hospital, and an affiliate of the University of Melbourne's Department of Pediatrics.

Our feedback is based on our 20+ years of research, experience and learnings from CCCH initiatives that interface with place-based initiatives, including:

- [Restacking the Odds \(RSTO\)](#)
- [National Family and Child Hubs Network](#)
- [Researchers in Residence](#)
- **Park Towers**
- [Hands Up Mallee](#)

Please see *Appendix 1: Overview of Center for Community Child Health involvement in place-based initiatives* and *Appendix 2: Restacking the Odds background and overview of partners*.

Response to Issues Paper questions

5.1 What is your experience with and reflections on place-based funding approaches?

Insights from place-based work on what is needed to enable more impactful place-based initiatives (PBIs) which funding approaches need to adequately support.

Our work has identified a number of key elements required to support PBIs. These key elements are:

1. Capability for continuous improvement.

Our work across CCCH has laid bare the fact that most PBIs or the service providers that they partner with do not have capability for continuous improvement (even those apparently well supported). There is no cycle of sustained improvement from local insight to local action. Capability gaps extend across analytical resources; an agreed data methodology; simple, standardized metrics; and lack of useful experience sharing based on data. Effort is wasted debating what to measure, and puzzling over masses of unhelpful data.

Governments could ensure adequate funding and resourcing is provided to ensure building a continuous improvement capability that is (1) embedded locally; (2) standardized (consistent across players and places); and (3) scalable in an economically viable way.

2. An authentic collaborative co-design process

This process includes genuine partnership and engagement between all involved stakeholders. This needs to occur from the outset and include all relevant stakeholders – community, service providers, government and funders. Our observation is PBIs often rightly focus on the needs of community but have very little influence on bringing in service providers and or funders to adjust, align with or better support those needs.

Support is needed to enable PBIs through brokering stronger relationships with the service sector, including with governance arrangements, service agreements, perhaps connecting to appropriate legal expertise or template agreements – to provide the appropriate authorising environment for collaboration. Noting the need for standardised measurement framework, this could include supporting appropriate data-sharing and data sovereignty arrangements.

Ensuring PBI funding approaches adequately fund these important functions will ensure place-based initiatives achieve the change and impact they strive to achieve.

3. An evidence based strategic organising framework

Such a framework would outline the core elements of an early years' service system that are critical to achieve outcomes for children and families. For example, RSTO's framework highlights five evidence-based early years' services – antenatal care, early childhood education and care, early years' primary school, parenting programs and sustained nurse home-visiting.

This framework approach could be expanded as a key foundational strategy for all PBIs focused on the early years. Governments and/or PBI oversight agencies (such as the National Centre for Place Based Collaboration) could draw on the evidence to support place-based initiatives to better understand *what* foundational services should exist to support children and families to thrive. This includes; what availability of these services should look like across the community; what quality should look like and how often families and children should participate to get the best outcome.

4. A standardised measurement framework and methodology

A measurement framework and methodology would include guidance on capturing community voice, population data and service-level lead indicators. While many elements of PBIs need to be highly 'local', data methodologies do not. An underpinning standardised framework and methodology, ensures that initiatives are better able to monitor whether activities are having the desired effect, course correct if need be and streamline reporting requirements for both initiative implementers and funders.

Research conducted by RSTO with both PBIs and service providers working in PBIs identified that to date there has been a significant focus on providing population data to understand local strengths and needs – along with the voice of the community. Population-level measures, however, are slow to shift, is not timely and does not provide insights about the best actions to take or whether these are

having the desired impact. Service level data, on the other hand can be used to analyse local issues and drive fast action.

Through RSTO we have found real value in having a consistent set of core service-level lead indicators to guide stakeholders, providing a consistent approach and shared language to measure progress across key early years services. The framework supports a culture of shared knowledge, learning and continuity that outlives the roles of individuals involved.

Governments, as funders of PBIs could take a lead in stewarding the development of a consistent measurement framework across place-based initiatives focused on the early years. This should include central provision of standardised set of lead indicators; methodologies for calculating them and tools and resources to support interpretation and use.

Such a framework could also be used to benchmark communities and identify areas for learning across communities and services.

4. Funding and planning for evaluation from the start

Too often, evaluation is an afterthought, with evaluators brought in at the end or part way through a program of work and then only if funding is 'left over'. For evaluation to be of most benefit, it needs to be planned for from the start and included in funding across the project. Evaluation should commence at the start of any planned initiatives, or potentially prior to commencement to properly inform the scope of work and community need. It is inexorably linked with authentic and collaborative co-design and can inform this process through on-going learning. When commenced early, process evaluation can provide timely, informative insights into program progression and allow for course-correction where necessary and appropriate.

As part of collaborative co-design, there is also an opportunity for funders to be open to removing or minimising reporting barriers and burden that many PBIs experience due to receiving funding from multiple funders. Examples for streamlining include aligning reporting indicators (such as aligning with the agreed measurement framework and methodology) as well as reporting cycles.

5.2 What innovative approaches could be implemented to ensure the grant funding reaches trusted community organisations with strong local links?

From our experience in PBIs, we have observed the Collective Impact approach, is an innovative and comprehensive response to addressing complex problems, such as entrenched disadvantage, experienced by a community. Collective Impact involves the commitment by a group of diverse stakeholders from different sectors to a common agenda for realising change. Its strength being in its emphasis on broad cross-sector participation, the use of collaborative processes to build a shared agenda and acknowledge the complexity of not only the problem but the solutions required.

Given Collective Impacts approach prioritises and commits to significant levels of community and citizen involvement, broad stakeholder engagement and a dual focus on people and place, it presents

as both a framework and an approach to ensuring grant funding reaches those community organisations with strong local links from the start. More information can be found in our Policy Brief – [Place-based collective impact: an Australian response to childhood vulnerability](#).

5.3 Which areas do you consider have duplicative funding or gaps you think need to be addressed, and what is the evidence?

Funding for ‘the glue’ that binds service integration, quality and responsiveness

Despite PBIs often requiring a number of diverse services and programs, spanning different sectors, such as health, education, social care and justice, to integrate and provide joined up responses to meet the needs of the community, our research has shown that simply funding services to ‘integrate’ – whether that be via colocation (such as a Child and Family Hub) or service coordination initiatives, is not sufficient to deliver high-quality, effective, localised responses.

We argue there is a current gap in funding for PBIs to adequately and effectively provide **‘the glue’**. **‘The glue’ is broadly defined as the core elements that enable greater integration and responsiveness to place-based approaches to achieve impact.** As described by the [National Child and Family Hubs Network](#) core elements of the **‘the glue’ are broadly:**

- Business oversight and governance frameworks.
- Staff supports including a coordinator to lead collaboration and integration, appropriate supervision and support for lived and living experience staff; resourcing for staff to participate in workforce development and quality improvement initiatives
- Community engagement – resources to support co-design and ongoing participation and engagement with local communities
- Shared information and technology systems, including the use of technology that facilitates data collection, analysis and interpretation that then enables quality improvement initiatives to ensure place-based initiatives are meeting their objectives.

Further work by Deloitte¹, has also identified the core conditions required for the elements of ‘the glue’ to be effective in enabling impactful place-based responses in the early years. Both these reports highlight that, despite the glue being central components to place-based responses, as they relate to integrated child and family services and Child and Family Hubs, ‘the glue’ is often unfunded or underfunded. This is also recognised in the final recommendations of the South Australian Royal Commission into Early Childhood Education and Care (pg. 63).² Funding for ‘the glue’ is therefore a gap that requires redressing in place-based initiatives.

¹ Deloitte Access Economics (2023). *Exploring need and funding models for national approach to integrated child and family centres*. Social Ventures Australian in partnership with the Centre for Community Child Health.

² Government of South Australia (2023). *Royal Commission into Early Childhood Education and Care – REPORT*.

Funding that builds the capability of PBIs to collect, report and use data

RSTO works with PBIs and service providers across Australia to understand how the collection and use of data relating to evidence-based lead indicators across five fundamental service strategies can support their own ambitions for improving early childhood outcomes in their communities. RSTO focuses on shared learning and empowering action based on relevant lead data use and quality improvement capacity. More information on RSTO and the five service strategies is provided in Appendix 2.

In its collaborations with PBIs, RSTO has undertaken research into the **barriers and enablers** that PBIs experience in collecting, reporting and using data and evidence-based lead indicators for decision making and quality improvement. The findings identified, that to change outcomes in place, PBIs need to build frontline capability for sustained, multi-year continuous improvement and build resources, in order to:

- **Measure** performance reliably and routinely, using a consistent set of evidence-based lead indicators
- **Identify gaps** in quality, quantity, or participation, against evidence-based standards
- **Explore ideas and design solutions** to address the gaps
- **Implement solutions**; continue to measure, learn, and refine.

RSTO's research found that gaps exist not only in data availability (particularly sharing service level data), but also in agreed methodology; standardised metrics; analytical resources; and experience sharing information based on data. We expected that:

- Early years services in communities would already be collaborating to improve outcomes
- Prototyping for data collection initiatives would involve working with generally data literate players with some relevant resources.

But we have found that:

- Engagement is highly relationship-oriented
- Substantial effort is required to build partnerships, embed a continuous improvement capability that is necessary for sustained systems change and improve data maturity among users.

To redress these data capability challenges, we have identified a number of potential solutions:

- Access to funds to deploy resources and build tools that support continuous improvement at a multi-local level. RSTO is currently working with a number of PBIs and service providers to redress this barrier via deployment of its data platform and frontline support to PBIs.
- Building the level of data maturity among the data users. There are projects underway that are trying to do this via coaching models.
- Enabling PBIs to build trusting relationships between key stakeholders, such as service providers, communities and other partners, for sustained behaviour change as it relates to the collection, custodianship and sharing of data.

These important considerations relating to data capability have also been highlighted in the work undertaken by The Front Project, in partnership with Deloitte Access Economics, exploring system stewardship as it relates to the early years system. This report³ notes the challenges relating to data and evidence that can impact behaviours across a system include the need for greater transparency and utilisation of data relating to:

- Demand and supply
- Access and participation
- Practice and quality
- Service operational models and cost structures
- Child outcomes

With many PBIs having an early years focus, and from our own RSTO research with PBIs, the challenges identified are relevant to PBIs.

Given the barriers relating to data capability within and across PBIs, we recommend that further work be undertaken that builds on the research and evidence on challenges relating to data capacity and capability requirements needed of PBIs and service providers and dedicate resources to PBIs that enables improved data capability.

5.4 Where there is a community-led change initiative, could shared accountability to community and funders (government) strengthen service delivery?

The principles of system stewardship illustrate the need for strong governance. This is coupled with seeking a balance between devolution and decentralisation of power and responsibility with the current regulated, top-down delivery model. Such a model recognises strengths of key stakeholders as intrinsic to place-based approaches.

Consistent with CCCH's recommendations for funding the 'glue', funding and accountability need to be delivered to PBIs to empower them to make decisions and undertake actions appropriate to their community needs. By its very nature, this model necessitates shared accountability between the PBI/community and government or other funders.

The Front Project, in partnership with Deloitte Access Economics, has undertaken considerable thinking and consultation on system stewardship as it relates to the early childhood education and care system.³ The system stewardship principles identified apply more broadly and have potential to be considered as part of shared accountability mechanisms related to PBIs.

³ [tfp-case-for-system-stewardship-full-3-new.pdf \(thefrontproject.org.au\)](https://thefrontproject.org.au/wp-content/uploads/2021/03/tfp-case-for-system-stewardship-full-3-new.pdf)

Appendices

Appendix 1: Overview of Center for Community Child Health involvement in place-based initiatives

Restacking the Odds (RSTO):

RSTO seeks to improve outcomes for children by ensuring all children and families can and do access a combination of high-quality, evidence-informed services where and when they need them. RSTO works with place-based initiatives and service providers across Australia to support them to understand how the collection and use of evidence-based lead indicators across five fundamental service strategies can support their own ambitions for improving early childhood outcomes in their communities. RSTO focuses on shared learning and empowering action based on relevant lead data use and quality improvement capacity. Over the last two years RSTO has developed an early stage working prototype to support communities and service providers collect and use service level lead indicators to support decision making.

<https://www.rsto.org.au/>

National Family and Child Hubs Network:

The Network is a multidisciplinary group that brings together Australian universities, research centres, medical research institutes, community organisations, and state government departments. The Network's members are actively involved in conducting research, training, communication, and advocacy related to innovative (and sustainable) integrated community-based Hubs, to support the health and wellbeing of children and families.

Researcher in Residence

This CCCH program embeds an experienced senior research officer within one or multiple early childhood-oriented organisations or settings for a period of time. The researchers help create and shape systems that draw on diverse forms of evidence and actively learn and adapt, creating conditions for an organisation to respond effectively to the complex problems facing children and families within the community/ies they serve. Activities they engage in are broad and can include:

- Designing, implementing or improving a service, model or initiative.
- Engaging parents and carers in the design and implementation of services, models and initiatives.
- Building capacity, systems and practices to conduct research/evaluation/improvement to be able to continuously learn, adapt and create evidence.
- Mobilising research evidence into practice, specifically in terms of creating equitable services and thriving community environments.

Platforms

CCCH also undertakes a number of project-specific, place-based initiatives. These initiatives include activities such as: professional development, learning partnerships, coaching, and evaluation, among others. They are typically based on CCCH's [Platforms](#) approach to place-based initiatives. Platforms

includes a roadmap, training, various resources and support. It incorporates five phases to place-based work:

1. Engage with communities and stakeholders to lay the foundations for change, including mobilising community and building respectful relationships.
2. Build a community partnership, including building/strengthening partnerships, developing agreements about working together and creating a shared vision for change.
3. Learn about the community together, including preparing for learning, hearing from the community, jointly selecting a shared priority and pausing to reflect.
4. Act to design, test and implement solutions.
5. Review, share and refine learnings through a partnership learning plan, shared reflection and celebration and considering next steps.

The Platforms approach is underpinned by the solid principles of co-design, which are intrinsic to identifying and developing fit-for-purpose solutions with and through communities to ensure the outcomes meet identified need and provide most benefit.

Park Towers:

CCCH's Policy and Service Development Unit (PSDU) has been collaborating with the Better Health Network and supported by Port Phillip City Council and the Department of Families, Fairness and Housing, for the past 12 months. Our work in Park Towers takes a place-based approach to exploring the impact and opportunities for families living in high rise commission buildings in the first 1000 days of their child's life. To date, this project has implemented a variety of activities and initiatives to better support children and families and is working towards the next phase of the project, including identifying opportunities for a place-based approach to be adopted by the Victorian Government as they begin to plan the retirement and replacement of high-rise housing commission buildings around Melbourne.

Hands Up Mallee:

Commencing in 2020, PSDU has been collaborating with the team at Hands Up Mallee, utilising a place-based approach. Through this partnership, we have collaboratively explored a number of 'discovery sessions' with community to identify and understand the issues facing families and children from birth through eight years and find solutions. Currently, PSDU is acting as a learning partner to the Hands Up Mallee team. The learning partnership aims to capture lessons, insights and evidence that are emerging over time, covering three broad topics:

- Community-led, place-based approaches
- Integrated child and family centres - families as co-designers, and the role of integrated centres as 'social hubs' for families
- Relational practices with families and communities.

Appendix 2: Restacking the Odds background, partner initiatives and barriers research.

[Restacking the Odds \(RSTO\)](#) is a collaboration between Murdoch Children’s Research Institute, Social Ventures Australia and Bain & Company. RSTO aims to drive more equitable outcomes in the early years by ensuring that children and families can and do access a combination of high-quality, evidence-informed services where and when they need them. RSTO focuses on five early years service types or strategies available in most communities: antenatal care (ANC); sustained nurse home visiting (SNV); early childhood education and care (ECEC); parenting programs (PP); and the early years of school.

These strategies are known to boost children’s health, development and wellbeing. Combining or ‘stacking’ these strategies across the early years (0-8 years) by implementing them concurrently and continuously in place is anticipated to amplify the impact of a single service and sustain the benefit.

Phase one of RSTO (2016-2021) completed research in seven communities across Victoria, New South Wales and Queensland to develop and apply evidence-based lead indicators for the effective delivery of each of the five fundamental strategies. These indicators define how the strategies should be delivered across the dimensions of quality, quantity and participation. This work was co-funded by the Paul Ramsay Foundation, with Eureka Benevolent Foundation and the Department of Social Services.

Having completed proof of concept, RSTO was awarded funding by the Paul Ramsay Foundation in 2021 to build toward large-scale adoption of the RSTO framework. This second phase of the project aims to co-design a series of prototypes for service providers and communities to routinely collect and act on their RSTO data – as self-sufficiently as possible – and to test how this helps them better understand and act on priorities and improve performance.

RSTO seeks to improve outcomes for children by ensuring all children and families can and do access a combination of high-quality, evidence-informed services where and when they need them. RSTO works with place-based initiatives and service providers across Australia to understand how the collection and use of evidence-based lead indicators across five fundamental service strategies can support their own ambitions for improving early childhood outcomes in their communities. RSTO focuses on shared learning and empowering action based on relevant lead data use and quality improvement capacity.

RSTO works with PBIs that have identified a priority focus on the early years, and with service providers in one or more of the five RSTO strategies. A list of current partners is included below.

Stage of participation	Place-based initiatives	Service providers
Implementation	Gladstone Region engaging in action Together Logan Together Connected Beginnings Bourke	Gowrie Vic (ECEC) MDHS (ANC) BDCS Bourke (ECEC) Gowrie SA (ECEC) Communities for Children (PP)
Exploration	By Five Wimmera Southern Mallee (ECEC) The Hive Mount Druitt (ECEC) Hands Up Mallee Go Goldfields Our Place , Victoria Cairns South Together	C&K Childcare and Kindergarten (Qld-Logan & Gladstone) Emerge (ECEC SP in By Five)
Awareness	Ballarat 4 Kids and Grampians 4 Kids Burnie Works Derby community Early Years Initiative, WA	Logan-based service providers in ANC, SNHV, ECEC & PP Gladstone based ECEC, ANC & PP Western Hospital, Melbourne Goodstart North West Regional Hospital, Burnie Burnie Child and Family Learning Centre

RSTO has undertaken research into the **barriers and enablers** that PBIs experience in collecting, reporting and using data and evidence-based lead indicators for decision making and quality improvement. The research found high-level barriers for data use are:

Capability

- **Lack of knowledge** about lead indicators; what indicators to measure; how to use lead indicator data to inform action
- **Inadequate skills** to collect, interpret and use data
- **Limited processes for engaging different stakeholders** to discuss and use data
- **Unclear on authority to act** on a particular data gap.

Opportunity

- **Low data sharing** due to fear of reputational risk if results poor; data ownership; legislation and privacy issues; no mechanism for data sharing across organisation or community; no coherent data system
- **Lack of trust in data fidelity** due to inconsistent frequency of data collection (outdated); data entry low quality

- **Lack of resources and funding** for data collection; reporting and use e.g. rely on already overworked practitioners

Motivation

- **Lack of trust**, when working with communities i.e. concern that the data will not be used to inform activities
- **Lack of incentives** that prompt action at every stage e.g. collection, reporting, use
- **No consequences** for not using data
- **Limited incorporation of service user voice** into solutions (i.e. concerns that solutions won't reflect users needs)
- **Lack of focus from leadership** on the importance of data



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