

# Families and Children Activity: Review of Children, Youth and Parenting Programs

Discussion Paper

DSS 3508.11.24

## Acknowledgement

The Australian Government acknowledges the traditional owners of Country throughout Australia on which we gather, live, work and stand. We acknowledge all traditional custodians, their Elders past, present and emerging and we pay our respects to their continuing connection to their culture, community, land, sea and water.

## Disclaimer

This document is not government policy. It is a discussion paper developed by the Department of Social Services (the department) to generate feedback and ideas which may inform the way the Australian Government makes future decisions about family and children supports.

The discussion paper was developed in consultation with 3 working groups co-chaired by the department with Family Relationship Services Australia (FRSA). There were 15 service providers involved in each of these working groups for the individual children, youth and parenting programs:

* Children and Parenting Supports (CaPS)
* Communities for Children Facilitating Partner (CfC FP)
* Family Mental Health Support Services (FMHSS)

While FRSA and members of these working groups were involved in helping guide the development of the discussion paper, this paper does not necessarily represent the views of these members.

## Have your say

You are invited to have your say on how to further strengthen the 3 children, youth and parenting programs. Interested stakeholders are encouraged to have their say about the questions raised in this paper.

For more information on the consultation process and to make a submission, visit the department’s Engage website. You can tell us if you want your submission to remain confidential.

Closing date for submissions: 24 January 2025

Website: <http://www.engage.dss.gov.au>

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## Introduction

The Australian Government is investing more than $215 million per year in the Families and Children (FaC) Activity children, youth and parenting programs to support more than 270,000 Australians[[1]](#endnote-2) each year.[[2]](#footnote-2)

The FaC children, youth and parenting programs provide important prevention and early intervention supports, to help improve children’s wellbeing and development, family functioning and children’s mental health. Data shows 72% of people accessing these programs see improvements in their circumstances, skills, knowledge or behaviours during their time of accessing services and supports.[[3]](#endnote-3)

Ahead of current funding agreements ceasing in mid-2026, this discussion paper invites you to have your say on how to further strengthen the 3 children, youth and parenting programs:

* Children and Parenting Supports (CaPS) – which delivers prevention and early intervention services to improve children’s development and wellbeing, and support the capacity of those in a parenting/carer role
* Communities for Children Facilitating Partner (CfC FP) – which is a place-based program run in 52 locations that delivers services similar to CaPS, and works to improve service integration and community development, to deliver outcomes for children and create strong child-family communities
* Family Mental Health Support Services (FMHSS) – which provides early intervention child and family non-clinical services to improve a child’s lifelong mental health and wellbeing outcomes.

This discussion paper has identified areas of strength and opportunity across the 3 programs, and it explores these programs’ intersection with key Government actions and priorities, which include:

* Community Sector Partnership Framework development
* Early Years Strategy
* Australia’s Disability Strategy
* the National Agreement on Closing the Gap
* Working for Women: A Strategy for Gender Equality
* Targeting Entrenched Disadvantage.

The discussion paper also includes key findings from the review of the 3 children, youth and parenting programs conducted by the Department of Social Services with support from the Australian Institute of Family Studies. This review examined these 3 programs through:

* interviews with clients, providers and stakeholders
* surveys of managers, workers and organisations delivering these programs
* literature reviews of effectiveness and good practice for different service types
* data analysis of information loaded by providers into the Data Exchange
* examination of available data on demographics, needs and preferences
* focus groups and surveys of parents/carers (not necessarily clients)
* including findings from the Stronger Aboriginal Community Controlled Organisations, Stronger Families projects
* working groups with CaPS, CfC FP and FMHSS providers.

This paper looks at access and inclusion for several cohorts, including people who have multiple identities (e.g. a First Nations person with disability), and therefore may need different types of services to address their needs.

Additional findings from this review are available at [Families and Children Activity: Review of Children, Youth and Parenting Programs – Evidence Paper](https://engage.dss.gov.au/families-and-children-fac-activity-children-youth-and-parenting-programs-discussion-paper/evidence-paper) on DSSEngage.

## Contemporary needs of families in Australia

### Contemporary families in Australia

In Australia, there are 5.8 million children and young people under 19 years of age, and they are becoming more diverse.[[4]](#endnote-4) There are increasing numbers of children and young people who are:

* from culturally and or linguistically diverse backgrounds (1 in 5)
* First Nations children (1 in 15)
* living with disability, developmental concerns or learning difficulties (1 in 5)
* identifying with a diverse sexuality or non-binary/trans (around 1 in 5 of 16–24 year olds).[[5]](#endnote-5)

Family circumstances are also more diverse. With 1 in 5 children and young people living in one‑parent families, and 1 in 10 living in step or blended families. Parents are having fewer children and later in life. Families with children are the most likely type of family to live in fast‑growing outer suburbs known as ‘growth corridors’ that may have lower availability of critical infrastructure and services. Families with 2 parents earning income are now more common than families with a stay‑at‑home parent.[[6]](#endnote-6)

Families are facing increasing challenges. Parents experience high levels of time stress and are more likely to be experiencing financial stress since 2022. While parenting becomes more time-consuming, intensive, and expensive,[[7]](#endnote-7) most parents also find it rewarding.[[8]](#endnote-8)

Within contemporary families, there is a difference by gender in participation of paid and unpaid work. Women in Australia do 43% less paid work than men and spend 81% more time in unpaid work than men.[[9]](#endnote-9)

### Snapshot of families accessing children, youth and parenting programs

Based on data reported by providers, the Review found the following trends in parents and children accessing the 3 FaC children, youth and parenting programs:

* culturally and/or linguistically diverse (CALD) people are 40% less likely to access these programs than people from non-CALD backgrounds, although linguistically diverse people are 9% more likely to access CfC FP services than people from non-CALD backgrounds
* First Nations people are 340% more likely to access these programs than people from non‑First Nations backgrounds
* children and young people with disability are 14% less likely to access CaPS and CfC FP services, but much more likely to access FMHSS services than those without disability[[10]](#endnote-10)
* less than 1 in 5 adults accessing these programs are men[[11]](#endnote-11)
* (excluding playgroups) 3 in 5 CaPS clients are adults, 2 in 3 CfC FP clients are children aged 0-12 years, and 4 in 5 FMHSS clients are children aged 6–18 years.[[12]](#endnote-12)

Survey data shows for child and family services more broadly, single parents, parents with lower weekly household incomes, First Nations parents and carers, and parents/carers with disability are more likely to access these types of services.[[13]](#endnote-13)

### Service awareness, preferences and needs

The Review found, in general, most parents and carers have some level of awareness of child and family services in Australia (83%).[[14]](#endnote-14) The vast majority of those accessing children, youth and parenting programs without a referral found out about them from family and friends and from searching online, with about a third finding out from community open days.[[15]](#endnote-15) Across Australia, even when parents are aware of any child development or parenting services/programs in their local community, less than a third (28%) attend a service and, of those, half (49%) attend a playgroup.[[16]](#endnote-16)

Parents and carers across Australia advised the Review of their preferences and needs that would help improve accessibility of children and family services:

* flexibility in service delivery options, including being accessible by public transport, free or low cost, available at a time that suits a family’s existing schedule
* online information being findable and presented in the ‘right size’ to provide help without feeling overwhelming
* inclusive services where people can be themselves, that enable families to decide whether the service is right for them – noting that different groups may have different and sometimes conflicting needs and preferences
* culturally specific supports and services for CALD and First Nations families, including offering interpreters and in-language workers and understanding and respecting cultural practice
* having connections that help parents to understand issues and what supports exist at different transition points for children, and how to navigate this, which could include clearly designated access points like online or physical hubs, existing council or community venues (e.g. libraries)
* interconnected services that are holistic, can wrap around a family (e.g. provide support for different members of the family and various needs), and be offered through other services and existing supports.[[17]](#endnote-17)

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| Questions 1. With people from a CALD background less likely to access services, what (if any) change should be made to FaC children, youth and parenting programs?
2. What (if any) change should be made to FaC children, youth and parenting programs to account for the different service needs and preferences of families?
3. What changes (if any) could be made to increase awareness and improve navigation of available supports for families?
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## The Community Sector Partnership Framework

### A stronger, more diverse and independent community sector measure

As part of the Australian Government’s 2024-25 Budget measure for a stronger more diverse and independent community sector, the department is working with its Community Services Advisory Group (CSAG) to develop a community sector partnership framework (the Framework)[[18]](#endnote-18) throughout 2024. The Framework will drive administrative and cultural change across government agencies, to deliver grants that are designed to better serve the sustainability of community sector organisations and ensure better outcomes are achieved in delivering government policy.

This Budget measure was informed by 237 submissions in response to public consultation by the department in late 2023,[[19]](#endnote-19) and ongoing engagement with members of the Community Services Advisory Group and an interdepartmental committee established to support the commitment.

Key issues raised through the public consultation include:

* increasing transparency around grant processes, particularly with respect to the rate of indexation applied to grants and timing of indexation payments
* longer term grant agreements (5 years is the most common timeframe suggested, although some submissions suggest 6 to 19 years)
* increased grant flexibility (including allowing movement of funds across financial years and flexibility to spend funds in response to emerging demand)
* focusing more on outcomes and impact measurement (rather than inputs and outputs) and better data access and sharing.

### Feedback from FaC children, youth and parenting service providers

The Review heard working group participants reiterate issues highlighted by the stronger, more diverse and independent community sector public consultation – particularly in relation to the impact that longer term grant agreements can have on stability, and increased flexibility to support expenditure to emerging demand.[[20]](#endnote-20)

In addition, the Review heard the current Data Exchange reporting requirements can be demanding and at times is difficult to administer for certain types of services, and that certain client cohorts have concerns about the collection of personal information.[[21]](#endnote-21)

The department is considering ways to reduce the administrative impacts of reporting requirements in the FaC children, youth and parenting programs, while ensuring reporting still supports program outcomes to be measured and met.

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| Questions 1. Apart from the issues outlined above, are there any other changes to FaC children, youth and parenting programs that should be considered to strengthen the community sector? (If yes, please specify)
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## Measuring What Matters and the Early Years Strategy

### Measuring What Matters Framework

The Australian Government’s [Measuring What Matters Framework](https://treasury.gov.au/policy-topics/measuring-what-matters) is the first Australian national wellbeing framework. It has been developed to understand, measure, and improve on the things that matter to Australians. The Framework includes 50 indicators organised by five themes, healthy, secure, sustainable, cohesive and prosperous.

It includes indicators for childhood development, financial security, sense of belonging, and personal safety. These indicators link to CFC FP, CaPS and FMHSS program outcomes, which aim to improve children and young people’s wellbeing, child development, family functioning, mental health (FMHSS) and community outcomes (CfC FP).

### Early Years Strategy 2024-2034

The [Early Years Strategy](https://www.dss.gov.au/families-and-children-programs-services/early-years-strategy) is a 10 year roadmap that sets out an overarching vision to best support children and their families to learn, grow and thrive. The Strategy recognises the first five years of a child’s life, including the antenatal period, are a critical developmental window that sets children up for good future health and wellbeing outcomes across their life.

It also acknowledges the important role parents and caregivers have in their child’s life and seeks to provide the information and skills they need to raise nurtured, safe, connected and healthy children.

The Strategy seeks to create a new, integrated, holistic, whole-of-Commonwealth approach to the early years. It includes 8 outcomes that will be used to measure how children are faring and how well they are growing and developing. These outcomes will also be used to measure how supported families are faring, as well as the communities around them. The 8 outcomes are:

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| 1. Children are nurtured and safe
2. Children are socially, emotionally, physically and mentally healthy
3. Children are learning
4. Children have strong identities and connections to culture
 | 1. Children have opportunity to play and imagine
2. Basic needs are met
3. Families are empowered, connected and supported
4. Communities are strong and inclusive places for children and their parents or caregivers to live, grow, play and connect
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The Strategy will guide future investments and government decisions for the nation’s youngest children. It aims to guide decisions to give all children opportunities for the best start in life. The CaPS and CfC FP programs have a strong focus on children in the 0-5 age group.

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| Questions 1. What changes (if any) should be made to FaC children, youth and parenting programs to help achieve the outcomes set out in the Early Years Strategy?
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## Australia’s Disability Strategy and the National Autism Strategy

### Experience of children, youth and parenting programs for clients with disability

Currently around 1 in 5 children in Australia have a disability or developmental concerns.[[22]](#endnote-22) Data recorded by providers shows that around 1 in 5 clients accessing FMHSS have a disability, with fewer than 1 in 10 clients with a disability accessing CaPS or CfC FP services.[[23]](#endnote-23)

Data shows when accessing FaC children, youth and parenting programs, 73% of clients with disability see a positive improvement, compared to 71% of clients without disability.[[24]](#endnote-24)

Focus groups with parents of children with disability heard that their experience of services (such as playgroups) was more inclusive for their children without disability than for their children with disability.[[25]](#endnote-25) The Review heard that parents of children with disability (83%) were more likely to access child and family services and supports compared to all parents (34%).[[26]](#endnote-26)

### Australia’s Disability Strategy and National Autism Strategy commitments

[Australia's Disability Strategy 2021–2031](https://www.dss.gov.au/disability-and-australias-disability-strategy-2021-2031) is the national disability policy framework developed by all governments and the disability community. Its vision is for an inclusive Australian society that ensures people with disability can fulfil their potential, as equal members of the community.

The [National Autism Strategy](https://www.dss.gov.au/disability-and-carers/national-autism-strategy) is currently being developed and the current draft includes a focus on improving service delivery, communication, and information to better meet the needs of autistic people.

To deliver on these strategies, parents and children with disability/autism need to be able to access children, youth and parenting services and supports in a way that meets their needs.

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| Questions 1. What changes (if any) should be made to FaC children, youth and parenting programs to improve the access and inclusion of parents/children with developmental concern or disability?
2. What type of services are preferred by parents or carers with disability or by children with developmental concern or disability?
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## National Agreement on Closing the Gap

To improve outcomes for the 1 in 15 children in Australia who are First Nations,[[27]](#endnote-27) all Australian governments have committed to the [National Agreement on Closing the Gap](https://www.closingthegap.gov.au/national-agreement), to work to overcome the inequality experienced by First Nations people and achieve life outcomes equal to all Australians.[[28]](#endnote-28)

The National Agreement includes 19 socio-economic targets and 4 Priority Reforms.

Alongside this broader work, the Review has considered how FaC children, youth and parenting programs can contribute to achieving better outcomes for First Nations families.

### Current outcomes

Data indicates 2 key outcomes for First Nations children are worsening:

* **Outcome 4** that First Nations children thrive in their early years; only 34.3% are developmentally on track
* **Outcome 12** that First Nations children are not overrepresented in the child protection system; 5.7% are in out-of-home care.[[29]](#endnote-29)

FaC children, youth and parenting programs can contribute to improving these outcomes. Collectively, these programs are more than 4.4 times more likely to reach First Nations people than other Australians.[[30]](#endnote-30) With more than 1 in 7 services delivered under these programs seeing a majority of First Nations people,[[31]](#endnote-31) data shows that collectively across these programs:

* 56% of First Nations children (0-5 years) see a positive improvement in age-appropriate development compared to 59% for children (0-5 years) from non-First Nations backgrounds
* 56% of First Nations adults see improvement in family functioning compared to 55% for adults from non-First Nations backgrounds.[[32]](#endnote-32)

Through the Review, First Nations parents and carers have discussed factors that can impact the effectiveness of programs for their families:

* mistrust in children, parenting and family services, and fear that services will contact state and territory child protection systems if they seek help
* concerns from past trauma when interacting with services
* the importance of cultural teachings in supporting children and their families
* the need for programs to be culturally appropriate and safe, including being trauma‑informed, co-designed, offered by community-controlled organisations, having strong cultural governance and involvement of Elders.[[33]](#endnote-33)

### Key actions underway

Efforts across the department to improve outcomes for First Nations children include work to establish a National Commissioner for Aboriginal and Torres Strait Islander Children and Young People, establishing playgroups in First Nations communities, and working in partnership with the Aboriginal and Torres Strait Islander Leadership Group on the [Safe and Supported: Aboriginal and Torres Strait Islander First Action Plan 2023–2026](https://www.dss.gov.au/families-and-children-programs-services-children-protecting-australias-children-safe-and-supported-the-national-framework-for-protecting-australias-children-2021-2031/safe-and-supported-aboriginal-and-torres-strait-islander-first-action-plan-2023-2026).

The department is also working on implementing measures to improve access to grants for First Nations organisations, by implementing funding prioritisation policies, strengthening formal partnerships and shared decision making.

All governments have committed to increase the proportion of Aboriginal and Torres Strait Islander community-controlled organisations (ACCOs) in recognition they lead to better service outcomes.[[34]](#endnote-34) This is due to ACCOs being well-placed to design and deliver culturally safe and effective services and having stronger ties to the community. Around 1 in 25 organisations delivering CaPS and FMHSS services[[35]](#footnote-3) are ACCOs.[[36]](#endnote-35)

The department commissioned SNAICC and Wunan Foundation (2 ACCOs) to deliver Part 1 and Part 2 of the Stronger ACCOs, Stronger Families (SASF) project. The SASF project looked at strengths, barriers, challenges and opportunities for ACCOs in FaC Activity programs, as well as building stronger partnerships. SNAICC and Wunan Foundation reported key elements to deliver on this commitment to increase ACCOs are:

* to set out clear timelines and pathways for transitioning funds from mainstream to ACCOs
* to have community-controlled program design and funding allocation processes aligned with a First Nations model of care
* to have funding allocation processes that preference ACCOs
* investment in ACCOs core operations
* reducing reporting burdens
* additional investment in ACCO-led research and evaluation.[[37]](#endnote-36)

Families Australia was also commissioned to understand the potential impact on non-Indigenous organisations transitioning services to ACCOs and to make recommendations to enhance success. Families Australia reported the sector supports transition of services to ACCOs and to consider:

* clear and timely communication of plans, as well as resources to enable transition to ACCOs
* families, children and youth should be at the centre, and First Nations representatives should be part of the decision-making process
* evidence-based approach to transition and change management process to involve support for all organisations involved, including support to navigate issues around resource availability and reductions of economics of scale.[[38]](#endnote-37)

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| Questions 1. What changes (if any) should be made to FaC children, youth and parenting programs to strengthen outcomes for First Nations children?
2. How could the number of ACCOs delivering FaC children, youth and parenting programs be increased within existing funding, especially in First Nations focused communities?[[39]](#footnote-4)
3. Considering the key elements for successful transition listed above, are there any other elements that would be important? (If yes, please specify)
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## Safe and Supported and National Plan to End Violence

### Child abuse and neglect and family domestic violence in Australia

In Australia, more than 1 in 5 children have experienced childhood abuse and/or witnessed parental violence by the age of 15,[[40]](#endnote-38) and 1 in 4 women have experienced violence by an intimate partner or family member since the age of 15.[[41]](#endnote-39)

Providers report that FaC children, youth and parenting programs often deliver services to families and children at risk or experiencing family and domestic violence, neglect or abuse – with 3 in 4 providers commonly receiving referrals from child protection, and 3 in 5 commonly receiving referrals from family and domestic violence services.[[42]](#endnote-40)

FaC children, youth, and parenting programs provide prevention and early intervention services for families and children. While these services are distinct from those offering tertiary level crisis supports for family domestic violence and child abuse and neglect, the capacity issues in child protection systems can result in clients needing more intensive supports when accessing FaC children, youth, and parenting programs.

### Safe and Supported and National Plan to End Violence commitments

[Safe and Supported: The National Framework for Protecting Australia’s Children 2021–2031](https://www.dss.gov.au/families-and-children-programs-services-children-protecting-australias-children/safe-and-supported-the-national-framework-for-protecting-australias-children-2021-2031) (Safe and Supported) was developed together by all governments, First Nations representatives, and the non‑government sector. Safe and Supported includes the shared goal of making significant and sustained progress in reducing the rate of child abuse and neglect and its intergenerational impacts. Recognising the higher rate of First Nations children in out of home care, an Aboriginal and Torres Strait Islander First Action Plan was developed with the Aboriginal and Torres Strait Islander Leadership Group. This plan is focused on achieving safety and wellbeing outcomes for First Nations children and young people.

The [National Plan to End Violence against Women and Children 2022–2032](https://www.dss.gov.au/ending-violence) (National Plan), developed by all governments, outlines how all parts of society must work together to achieve the vision of ending gender-based violence in one generation.

Children, youth and parenting programs can contribute to these shared goals by strengthening families, building up protective factors for cohesive family functioning, and reducing risk factors to prevent violence, abuse and neglect. For example, programs that strengthen healthy father-son relationships can help to shape children’s views on gender and masculinity.[[43]](#endnote-41)

Given the high prevalence of family and domestic violence, abuse and neglect affecting children and families, there is a need for FaC children, youth and parenting programs to deliver services in a culturally appropriate and trauma-informed way and make appropriate referrals to specialised tertiary intervention services when needed.

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| Questions 1. What changes (if any) should be made to FaC children, youth and parenting programs to provide supports in a culturally appropriate and trauma-informed way?
2. Is there a way to improve how FaC children, youth and parenting programs work with and refer families to specialised tertiary supports?
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## Gender Equality

### Working for Women: A Strategy for Gender Equality

[Working for Women: A Strategy for Gender Equality](https://genderequality.gov.au/)(Working for Women) outlines the Australian Government’s commitment to creating a better, gender equal Australia for everyone. This includes reinforcing positive behaviours and attitudes, and challenging harmful stereotypes that limit how people behave, are perceived, and are treated.[[44]](#endnote-42)

### Gender, parenting roles and fathers’ engagement

While the role of Australian fathers has been shifting, with many men taking on a more active parenting role, women in Australia are still doing more of the mental load of parenting and childcare (in the home) than men.[[45]](#endnote-43) This is reflected in FaC children, youth and parenting programs, which women are 4 times more likely to access than men.[[46]](#endnote-44)

Client feedback shows that encouraging men’s participation in parenting programs can improve the family’s ability to implement new practices at home.[[47]](#endnote-45) Focus groups showed support for initiatives that promote men’s involvement in their children’s lives, and the Review heard men who are looking for advice want help targeted to their experience and from trusted local sources.[[48]](#endnote-46)

### LGBTIQ+ experiences in accessing family services

Working for Women is seeking to shift how children understand stereotypes from an early age, with this change happening at a community level, through families, educators and community leaders modelling positive attitudes and challenging rigid ideas about gender in homes and the community. This is important for around 1 in 5 young people in Australia who identify as LGBTIQ+.[[49]](#endnote-47)

Focus groups with LGBTIQ+ parents and carers, and parents of gender diverse children, spoke about experiences with services making assumptions and resources referring to traditional gender roles in ways that do not acknowledge different families. These parents and carers are looking to be included in a way their children can feel happy and safe, and where they do not feel responsible for having to educate providers.[[50]](#endnote-48)

FaC children, youth and parenting programs can contribute to the Working for Women by promoting shared responsibilities and co‑parenting, not assuming traditional gender roles or family structures, and through positive role modelling.

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| Questions1. What changes (if any) should be made to FaC children, youth and parenting programs to improve inclusiveness for all parents, carers and children, regardless of family structure, gender or sexual identity?
2. To improve delivery against the Working for Women Strategy, what changes might help increase men’s engagement with parenting programs? And what changes might increase gender norms around caring?
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## Place-based approaches and community partnerships

There is growing recognition of the importance of place-based strategies in tackling entrenched disadvantage within Australia. Place-based approaches are “collaborative, long-term approaches to build thriving communities delivered in a defined geographic location…ideally characterised by partnering and shared design, shared stewardship, and shared accountability for outcomes and impacts”.[[51]](#endnote-49)

### Targeting Entrenched Disadvantage

In the 2023-24 Budget, the Australian Government announced a $199.8 million Targeting Entrenched Disadvantage (TED) package,[[52]](#endnote-50) which sets out a new approach to improve long term social and economic outcomes. The TED package aims to disrupt the ways Government has traditionally funded responses to address intergenerational disadvantage, by committing funding to support social impact investing and enhancing place-based approaches. The TED package will build on the Australian Government’s existing investment in place-based initiatives which include the CfC FP program, Empowered Communities, Connected Beginnings, and Stronger Places, Stronger People.

The Department of Social Services is partnering with the Treasury and Australian Bureau of Statistics to design and implement the TED package, which includes:

* development a Whole of Government Framework to Address Community Disadvantage, this will include the Place-Based Fundamentals and APS Shared-Decision Making strategies
* supporting social impacting investing through a $100 million Outcomes Fund and Social Enterprise Development Initiative – the Outcomes Fund will focus on delivering outcomes for families and children to prevent cycles of intergenerational and community disadvantage
* funding to implement the Life Course Data Initiative to deliver longitudinal community insights
* extending the existing Stronger Places, Stronger People Initiative, to provide certainty for place-based partnerships in 10 communities, and provide additional funding to support shared-decision making and local solutions
* partnering with philanthropic organisations through the Investment Dialogue for Australia’s Children to better coordinate our efforts to support child and family wellbeing.

The Investment Dialogue for Australia’s Children is the first partnership of its kind, with Government and 20 philanthropists drawing on the strengths of both partners to create values as a collective to improve the wellbeing of children, young people and their families in communities experiencing intergenerational disadvantage. A Working Together Agreement has been signed between the Government and philanthropy that commits parties to collaborative, long-term, continual improvement (evaluation and evidence based approaches) and community-led ways of working to achieve meaningful outcomes in communities.[[53]](#endnote-51)

### Partnership and Shared Decision-making

Through the Review, individual CfC Facilitating Partners discussed how they are working with their communities to partner with them and listen to their voices and experience. This included hearing directly from children about what they like and what they would like to see change in their community. It also included partnering with other place-based initiatives to deliver lasting change for children and their families.

All 52 CfC sites have established committees where local people and organisations help guide many of the priorities and actions of the CfCs. The degree to which this occurs varies across locations. In some sites, this partnership-approach leadership by local communities provides guidance to all priorities and actions taken by CfCs.[[54]](#endnote-52)

To deliver on the Government’s increased commitment to genuinely collaborative, community-led initiatives, the CfC place-based program needs to demonstrate active community-led partnership approaches across all locations.

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| Questions 1. To strengthen community-led partnership in the CfC program, should CfC committees provide guidance across all CfC activities? Should any other changes be made to strengthen community-led partnerships in the CfC program?
2. Are there other changes that could be made to the CfC program, which build on existing strengths to improve delivery against the Working Together Agreement commitments?
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## Communities for Children Facilitating Partners (CfC FP)

For 20 years, CfCs have delivered place-based programs, service integration and community development to improve outcomes for children and create strong child-family communities. The Review found across the 52 sites CfC operates, this program had: the largest reach into the community out of the 3 reviewed programs in 2022-23; achieved positive improvements for children and parents; and is cost effective and represents value for money.[[55]](#endnote-53) A previous evaluation suggested CfCs can improve outcomes for children in their communities even when they do not access a direct service from the CfC.[[56]](#endnote-54)

### Measuring the role of the lead organisation – Facilitating Partners

While the Review found CfC Community Partner services are achieving more positive outcomes per $1 million expended than other FaC children, youth and parenting programs,[[57]](#endnote-55) this does not capture how the work Facilitating Partners (FPs) are doing in their communities contributes to these outcomes. Across the 52 sites, FPs distribute between 50% to 80% of funds to community partners for direct service delivery and use the remaining funds for other activities.[[58]](#endnote-56) The Review heard from a number of CfC FPs that the department should progress work to enable CfC FPs to record what type of activities they do (e.g. building linkages, capability building, community connections, community development, data/evaluation, governance and administration) and to track the outcomes they achieve through:

* the Collaboration Health Assessment Tool – measure FPs success to improve service systems
* capturing children’s voices – to measure FPs’ success in their community development work.[[59]](#endnote-57)

### Broadening the Evidence Based Program (EBP) Requirements

The Review heard the current requirements for 50% of direct service delivery funding to be directed at EBP limits innovation and tailoring to community need, can be costly, and can mean services delivered are less suited to First Nations and CALD families.[[60]](#endnote-58)

To address this, the department is working with CfC FPs, the Australian Institute of Family Studies and an ACCO to broaden the current EBP requirements to include evidence based frameworks and practices, including drawing on the extensive evidence base of First Nations experience and ways of knowing, doing and being. This work will also produce a Monitoring, Evaluation and Learning approach to help CfCs determine what community partner services are working well and what needs to change. If these changes are workable and support better outcomes, the new broader set of evidence based requirements could be raised to above 50%. This would help deliver on the Government’s commitment to continual improvement under the Working Together Agreement.

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| Questions 1. How should FPs actions and outcomes be measured? Would these be best done through the ideas proposed above or through another approach?
2. Should the current Evidence Based Program requirement be changed? Would this be best done through the changes proposed above or through another approach?
 |

## Family Mental Health Support Services (FMHSS)

### Early intervention

More than 2 in 5 Australians have experienced a mental disorder, with around half of all adult mental health challenges emerging before the age of 14.[[61]](#endnote-59) FMHSS provides early intervention child and family non-clinical services in more than 200 locations across Australia, to improve a child’s lifelong mental health and wellbeing outcomes, with 76% of clients accessing FMHSS services seeing a positive improvement.[[62]](#endnote-60)

The FMHSS program delivers 3 levels of early-intervention support:

1. intensive, early intervention support to children and young people (with the support of their families or carers)
2. short-term, immediate assistance for children and young people (with the support of their families or carers)
3. community outreach, mental health education and community development activities.

The Review heard a key challenge for FMHSS in delivering the 3 types of early intervention services/supports is the demand for tertiary and other funded mental health services is exceeding the supply, and that demand had increased post the pandemic. This can lead to some FMHSS providers delivering supports until children can get access to the clinical or more intensive supports they need. This was seen to be especially the case for services who adopted a ‘no wrong door’ service model.[[63]](#endnote-61)

This high demand may also explain why around 2 in 3 FMHSS staff surveyed advised they spent at least a quarter of their time supporting children requiring urgent help or intensive support.[[64]](#endnote-62)

FMHSS providers advised the Review the following changes could help improve delivery of early intervention supports:

* changes to departmental processes to support increased community outreach, mental health education and community development
* removing requirement to prioritise children in touch with child protection systems, as these families may need more than early intervention support
* delivering additional clarity on what is meant by early intervention in FMHSS (this suggestion has been included in a $1.4 million investment by the Government to build the capacity of the FMHSS workforce being developed by AIFS).[[65]](#endnote-63)

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| Questions 1. Should changes be made to FMHSS, so services are able to focus solely on early intervention? (If yes, please specify)
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## Children and Parenting Support (CaPS)

Maintaining focus on positive start to life, prevention and early intervention

CaPS provides prevention and early intervention services in more than 460 locations across the nation to improve children’s development and wellbeing, and support the capacity of those in a parenting/carer role.

CaPS delivers a wide variety of services in identified areas of need across Australia. Services might include:

* community playgroups, supported playgroups, crèches
* school readiness programs, outside of school hours care, peers support programs
* mobile services parenting courses, home visits, counselling and support
* prevention and early intervention support for families and children affected by alcohol and other drug misuse.

CaPS services are delivered in-person and online. CaPS provide guidance for parents from the pre‑natal stages through to adolescence. Across this breadth of services, 68% of clients accessing CaPS services see a positive improvement.[[66]](#endnote-64)

From focus groups with parents and carers across Australia, the Review heard that a key role for services like CaPS is to:

* support a sense of shared optimism and parenting efficacy
* support parents’ confidence and connection with other parents and the community
* provide inclusive services that ease, rather than add to parents’ burdens.[[67]](#endnote-65)

The Review found that playgroups are a very well-known soft entry activity for families with children under 5.[[68]](#endnote-66) The majority of parents who are aware of playgroups consider them to be helpful (90%),[[69]](#endnote-67) and a place where:

* children learn new skills (81%) and improve social interactions (83%)
* parents strengthen the connection they have with their child (76%), and learn what type of play works best for children (73%)
* parents make friends (79%) and find out about other supports and services in their community (72%).[[70]](#endnote-68)

The Review heard CaPS providers express strong support for the current levels of flexibility provided in the program aims and objectives, which allow for services to adapt to community needs as they change. There was support for the current age range focusing on 0-12 years (where necessary it can go up to 18 years). In some limited instances, there are examples of CaPS services adopting a primary focus on children over 12.[[71]](#endnote-69)

The Review also heard the nature of CaPS as a prevention and early intervention program can be impacted by issues in other service systems, which result in more clients accessing CaPS in crisis or with complex issues.[[72]](#endnote-70) Of the CaPS providers surveyed:

* 63% reported they spend a quarter or more of their time supporting clients that require urgent help or intensive supports
* 29% reported they were not able to provide services to clients due to ‘complex health risks that can’t be supported’, 26% for ‘safety concerns’.[[73]](#endnote-71)

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| Questions1. Should changes be made to the CaPS program so services are better placed to focus on prevention, early intervention, and providing children with the best possible start to life? (If yes, please specify)
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## Glossary

**ACCO –** Aboriginal Community Controlled Organisation

**CALD –** Culturally and/or Linguistically Diverse. See the Evidence Paper for a more detailed explanation of how this was calculated for the purposes of the Review.

**CaPS –** Child and Parenting Services (see Appendix A for background about this program)

**CfC FP –** Communities for Children Facilitating Partners (see Appendix A for background about this program)

**Children and young people** for the purpose of this paper are defined as being aged 0-18 years old.

**Data Exchange (DEX) –** The Data Exchange (DEX) is a program performance reporting solution developed by the department in consultation with organisations. It allows organisations to report their service delivery information and demonstrate the outcomes they are achieving for their clients. DEX requirements are divided into 2 parts: a small set of mandatory priority requirements that all organisations report; an extended data set, known as the partnership approach. Reporting via DEX is offered as part of the Community Grants Hub’s service offer for all client agencies and has been extended to other state and territory jurisdictions.

**DSS –** the Australian Government Department of Social Services

**Early Intervention –** is a class of Prevention. Early Intervention seeks to alter an emerging pathway. It is planned and organised attempts to alter the behaviour or development of individuals who show the early signs of an identified problem and/or who are considered at high risk of developing that problem. Early intervention in this paper means:

1. early in life – Although 0-5 is a time of considerable development in a child, research shows that if the resourcing is not sustained, the gains will be lost; and humans continue to develop across the life span with other critical points e.g. beginning school, transitioning to high school, family breakdown, family reformation, puberty, entering long-term relationships, parenting, breakdown of long-term relationships etc.
2. early in the pathway of a problem- intervention when an individual begins to show and/or is risk at developing problems.

**Evidence Based Program requirements –** are a requirement for the CfC FP Program. Facilitating Partners (FPs) must allocate at least 50 per cent of their direct service delivery funding to high‑quality evidence-based programs (EBPs). Programs are assessed as EBP via a process of listing by the Australian Institute of Family Studies in 'The Guidebook' ([CfC FP evidence-based program profiles](https://aifs.gov.au/research_programs/evidence-and-evaluation-support/cfc-program-profiles)) or assessment by the Australian Institute of Family Studies as a "[promising program](https://aifs.gov.au/resources/resource-sheets/list-promising-programs-submitted-approval-aifs-evidence-and-evaluation)". Organisations can apply to DSS for an exemption to the EBP requirement. Exemptions are considered on a case-by-case basis.

**FaC Activity –** Families and Children Activity is the DSS program that funds CaPS, CfC FP and FMHSS. There are also other programs funded under this Activity that are not part of this Review.

**FMHSS –** Family and Mental Health Support Service (See Appendix A for background about this program)

**Growth corridor –** Fast-growing outer suburbs with lower availability of critical infrastructure and services. For more information, see the National Growth Areas Alliance (www.ngaa.org.au).

**LGBTIQ+** **–** This term refers to people who identify as lesbian, gay, bisexual, transgender, queer/questioning, or with other sexual identities. Other variations of this acronym exist, and acronym choice can vary.

**Prevention –** planned and organised efforts to reduce the likelihood of potential problems. It starts with evidence of risk in individuals or groups and seeks to reduce to overall likelihood of negative pathways and increase the incidence of positive outcomes.

Prevention means gathering the risk and protective factors for a community, social group, or individual issue and using them to guide interventions (e.g. For adolescent wellbeing - a risk factor could be binge drinking and a protective factor, strong connection to parents).

## References

1. Department of Social Services (DSS), [*Families and Children Activity: Review of Children, Youth and Parenting Programs – Evidence Paper*](https://engage.dss.gov.au/families-and-children-fac-activity-children-youth-and-parenting-programs-discussion-paper/evidence-paper), DSS, Australian Government, 2024, p 8. [↑](#endnote-ref-2)
2. Please note the $215 million includes funding from the Government’s 2022-23 October Budget commitment to provide $560 million in support for Community Sector Organisations to help them with unprecedented financial pressures. [↑](#footnote-ref-2)
3. DSS, *Evidence Paper*, p 18. [↑](#endnote-ref-3)
4. DSS, *Evidence Paper*, p 3. [↑](#endnote-ref-4)
5. DSS, *Evidence Paper*, p 3. [↑](#endnote-ref-5)
6. DSS, *Evidence Paper*, pp 4–5. [↑](#endnote-ref-6)
7. DSS, *Evidence Paper*, p 5. [↑](#endnote-ref-7)
8. DSS, *Evidence Paper*, p 31. [↑](#endnote-ref-8)
9. KPMG, [*Towards a more equal sharing of work*](https://kpmg.com/au/en/home/insights/2021/05/parental-equality-reforms.html), KPMG, 2021, accessed 9 August 2024. [↑](#endnote-ref-9)
10. DSS, *Evidence Paper*, p 13. [↑](#endnote-ref-10)
11. DSS, *Evidence Paper*, p 12. [↑](#endnote-ref-11)
12. DSS, *Evidence Paper*, p 11. [↑](#endnote-ref-12)
13. DSS, *Evidence Paper*, p 31. [↑](#endnote-ref-13)
14. DSS, *Evidence Paper*, p 31. [↑](#endnote-ref-14)
15. DSS, *Evidence Paper*, p 26. [↑](#endnote-ref-15)
16. DSS, *Evidence Paper*, p 31. [↑](#endnote-ref-16)
17. DSS, *Evidence Paper*, pp 33–34. [↑](#endnote-ref-17)
18. Commonwealth of Australia, [*Budget 2024-25: Budget Measures: Budget Paper No. 2*](https://budget.gov.au/content/bp2/index.htm), Australian Government, 2024, pp 164–165, accessed 12 June 2024. [↑](#endnote-ref-18)
19. Social Ventures Australia, [*A stronger, more diverse and independent community sector: Consultation summary report*](https://engage.dss.gov.au/a-stronger-more-diverse-and-independent-community-sector/a-stronger-more-diverse-and-independent-community-sector-consultation-summary-report/), Report to DSS, Social Ventures Australia, 2024, accessed 12 June 2024. [↑](#endnote-ref-19)
20. DSS, *Evidence Paper*, pp 28–29. [↑](#endnote-ref-20)
21. DSS, *Evidence Paper*, p 28. [↑](#endnote-ref-21)
22. DSS, *Evidence Paper*, p 3. [↑](#endnote-ref-22)
23. DSS, *Evidence Paper*, p 12. [↑](#endnote-ref-23)
24. DSS, *Evidence Paper*, p 19. [↑](#endnote-ref-24)
25. DSS, *Evidence Paper*, p 34. [↑](#endnote-ref-25)
26. DSS, *Evidence Paper*, p 31. [↑](#endnote-ref-26)
27. DSS, *Evidence Paper*, p 3. [↑](#endnote-ref-27)
28. Department of the Prime Minister and Cabinet (PM&C), [*National Agreement on Closing the Gap*](https://www.closingthegap.gov.au/national-agreement), Closing the Gap website, n.d., accessed 2024. [↑](#endnote-ref-28)
29. National Indigenous Australians Agency (NIAA), [*Commonwealth Closing the Gap 2023 Annual Report and 2024 Implementation Plan*](https://www.niaa.gov.au/resource-centre/commonwealth-closing-gap-2023-annual-report-and-2024-implementation-plan), NIAA, Australian Government, 2024, accessed 23 May 2024. [↑](#endnote-ref-29)
30. DSS, *Evidence Paper*, p 13. [↑](#endnote-ref-30)
31. DSS, *Evidence Paper*, p 22. [↑](#endnote-ref-31)
32. DSS, *Evidence Paper*, p 21. [↑](#endnote-ref-32)
33. DSS, *Evidence Paper*, p 34. [↑](#endnote-ref-33)
34. PM&C, [*Closing the Gap Priority Reforms*](https://www.closingthegap.gov.au/national-agreement/priority-reforms), Closing the Gap website, n.d., accessed 2024. [↑](#endnote-ref-34)
35. While the commissioning model under the CfC FP program means current numbers of ACCOs is not available, older data found 1 in 15 community partner organisations was an ACCO. [↑](#footnote-ref-3)
36. DSS, *Evidence Paper*, p 22. [↑](#endnote-ref-35)
37. DSS, *Evidence Paper*, pp 23–24. [↑](#endnote-ref-36)
38. Families Australia, *Changing the Balance: Research Project Final Report*, report to DSS, unpublished, accessed July 2024. [↑](#endnote-ref-37)
39. While the SASF reports did not define what First Nations focused communities are, it was suggested this could be defined as communities with large numbers of First Nations children. [↑](#footnote-ref-4)
40. Australian Bureau of Statistics (2021-22), [*Childhood abuse*](https://www.abs.gov.au/statistics/people/crime-and-justice/childhood-abuse/latest-release)*,* ABS Website, accessed 2 September 2024. [↑](#endnote-ref-38)
41. Australian Bureau of Statistics (2021-22), [*Personal Safety, Australia*](https://www.abs.gov.au/statistics/people/crime-and-justice/personal-safety-australia/latest-release#key-findings-violence-prevalence-and-changes-over-time)*,* ABS Website, accessed 17 July 2024. [↑](#endnote-ref-39)
42. DSS, *Evidence Paper*, p 25. [↑](#endnote-ref-40)
43. Our Watch, [*Men in focus: Unpacking masculinities and engaging men in the prevention of violence against women: Evidence review*](https://www.ourwatch.org.au/change-the-story/men-in-focus#men-in-focus-evidence-review), Our Watch, 2019, p 67, accessed 22 July 2024. [↑](#endnote-ref-41)
44. PM&C, [*Working for Women: A Strategy for Gender Equality*](https://genderequality.gov.au/), Working for Women website, n.d., accessed July 2024. [↑](#endnote-ref-42)
45. J Baxter, [*How Mothers and Fathers Share Child Care in Australia*](https://aifs.gov.au/research/research-reports/how-mothers-and-fathers-share-child-care-australia), AIFS (Australian Institute of Family Studies), Australian Government, 2024, accessed 12 June 2024. [↑](#endnote-ref-43)
46. DSS, *Evidence Paper*, p 12. [↑](#endnote-ref-44)
47. DSS, *Evidence Paper*, p 30. [↑](#endnote-ref-45)
48. DSS, *Evidence Paper*, p 34. [↑](#endnote-ref-46)
49. DSS, *Evidence Paper*, p 3. [↑](#endnote-ref-47)
50. DSS, *Evidence Paper*, pp 33–34. [↑](#endnote-ref-48)
51. Geatches L, Preston C and Putnis A, [*Where are we? Place-based approaches to tackling community challenges in Australia*](https://www.paulramsayfoundation.org.au/news-resources/where-are-we-place-based-approaches-to-tackling-community-challenges-in-australia)*,* Equity Economics and Development Partners, 2023, accessed July 2024. [↑](#endnote-ref-49)
52. DSS, [*Entrenched disadvantage package*](https://www.dss.gov.au/publications-articles-corporate-publications-budget-and-additional-estimates-statements/entrenched-disadvantage-package?HTML), DSS website, n.d., accessed July 2024. [↑](#endnote-ref-50)
53. Treasurer, Hon Dr Jim Chalmers MP, and the Minister for Social Services, Hon Amanda Rishworth MP, [*Inaugural roundtable of Investment Dialogue for Australia’s Children*](https://ministers.treasury.gov.au/ministers/jim-chalmers-2022/media-releases/inaugural-roundtable-investment-dialogue) [media release], Australian Government, 4 December 2023, accessed July 2024. [↑](#endnote-ref-51)
54. DSS, *Evidence Paper*, p 29. [↑](#endnote-ref-52)
55. DSS, *Evidence Paper*, pp 14–17. [↑](#endnote-ref-53)
56. B Edwards, S Wise, M Gray, I Katz, S Mission, R Patulny and K Muir, [*Stronger Families in Australia Study: The impact of Communities for Children: Stronger Families and Communities Strategy 2004-2009*](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=1728591), FaHCSIA, Australian Government, 2009, accessed 12 June 2024. [↑](#endnote-ref-54)
57. DSS, *Evidence Paper*, p 17. [↑](#endnote-ref-55)
58. DSS, *Evidence Paper*, p 20. [↑](#endnote-ref-56)
59. DSS, *Evidence Paper*, p 29. [↑](#endnote-ref-57)
60. DSS, *Evidence Paper*, p 29. [↑](#endnote-ref-58)
61. Australian Bureau of Statistics (ABS), [*Two in five Australians have experienced a mental disorder*](https://www.abs.gov.au/media-centre/media-releases/two-five-australians-have-experienced-mental-disorder) [media release], ABS, 5 October 2023, accessed May 2024. [↑](#endnote-ref-59)
62. DSS, *Evidence Paper*, p 17. [↑](#endnote-ref-60)
63. DSS, *Evidence Paper*, p 29. [↑](#endnote-ref-61)
64. DSS, *Evidence Paper*, p 26. [↑](#endnote-ref-62)
65. DSS, *Evidence Paper*, p 30. [↑](#endnote-ref-63)
66. DSS, *Evidence Paper*, p 17. [↑](#endnote-ref-64)
67. DSS, *Evidence Paper*, p 33. [↑](#endnote-ref-65)
68. DSS, *Evidence Paper*, p 32. [↑](#endnote-ref-66)
69. DSS, *Evidence Paper*, p 32. [↑](#endnote-ref-67)
70. DSS, *Evidence Paper*, p 32. [↑](#endnote-ref-68)
71. DSS, *Evidence Paper*, pp 28–29. [↑](#endnote-ref-69)
72. DSS, *Evidence Paper*, pp 28–29. [↑](#endnote-ref-70)
73. DSS, *Evidence Paper*, p 26. [↑](#endnote-ref-71)