




Australian Government  
Department of Social Services

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

## Evidence Paper

DSS 3509.11.24



# Acknowledgement

The Department of Social Services acknowledges Aboriginal and Torres Strait Islander peoples throughout Australia and their continuing connection to land, water, culture and community. We pay our respects to the Elders both past and present.

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# Overview

## Purpose

In 2023-24, the Department of Social Services (department) conducted a review of Families and Children Activity (FaC) children, youth and parenting programs ('the Review'). The purpose of the Review was to better understand the benefits, strengths and opportunities for these programs.

This Evidence Paper summarises the activities undertaken as part of the Review and the key findings, which underpin the Discussion Paper released on the department's [DSS Engage](#) website.

The three programs covered in this Review are:

- the Children and Parenting Support (CaPS) program
- the Communities for Children Facilitating Partner (CfC FP) program
- the Family Mental Health Support Services (FMHSS) program.

A short overview of each program is provided in Appendix A. Where this paper refers to children, youth and parenting programs, it is specifically referring to the 3 programs above.

## Elements of Review

Evidence-gathering activities under the Review included in-house research, as well as external engagement with service providers, clients, and stakeholders. Several elements of the Review were undertaken in partnership with Australian Institute of Family Studies (AIFS).

<b>Internal research and existing evidence</b>	<b>External research Voices of parents, carers, and the sector</b>
<ul style="list-style-type: none"><li>• <b>Desktop analysis</b> of existing evidence, reviewing data on key changes in Australian families, and previous FaC evaluations</li><li>• <b>Literature reviews</b> to understand program effectiveness across specific service types and identify key elements of good practice</li><li>• <b>Review of administrative grant documentation (Activity Work Plans)</b> to better understand types of services delivered, focus, client target groups, barriers to services and outcomes being pursued</li><li>• <b>Analysis of administrative grant data (Data Exchange)</b> to understand client access rates, performance by programs, performance with certain demographics</li><li>• Evidence from the <b>Stronger ACCOs, Stronger Families project</b> including how to support ACCOs to deliver services</li></ul>	<ul style="list-style-type: none"><li>• <b>Sector surveys</b> to understand key characteristics of the organisations delivering services, and staff views on service delivery, collaboration, client needs</li><li>• <b>Interviews with service providers and experts</b> to explore insights and views, including on needs of families, service design and delivery, and challenges, strengths and opportunities for FaC services</li><li>• <b>Sector working groups</b> with providers from each of the 3 programs</li><li>• <b>Client interviews</b> to understand client service experience</li><li>• <b>Focus groups and surveys</b> with parents and carers to understand parents' reasons for accessing or not accessing services and their service needs</li><li>• <b>Youth Advisory Group</b> consultation</li></ul>

# Part 1: Internal research and existing evidence

## 1.1 Desktop review of key changes in Australian families

Key statistics, data and evidence were reviewed on demographic and social changes in Australian families, using publicly available data from the ABS Census and other population surveys.

### Children and young people are increasingly diverse

There are 5.8 million children and young people under 19 years of age in Australia,<sup>1</sup> and they are increasingly diverse.

**Table 1:** Statistics on diverse cohorts of children and young people in Australia

Diverse cohorts	Historic data	Current data	Increase over time
Overall child population (0-18 years) <sup>2</sup>	5.54 million (2016)	5.81 million (2021)	5% increase between 2016–2021
Culturally and/or linguistically diverse (CALD) <sup>3</sup>	1.09 million (20%) (2016)	1.25 million (21%) (2021)	15% increase between 2016–2021
First Nations <sup>4</sup>	274,600 (5%) (2016)	330,100 (6%) (2021)	20% increase between 2016–2021
Disability or developmental delay (school aged children) <sup>5</sup>	19% (2017)	22% (2021)	16% increase between 2017–2021
Disability or developmental delay (5-year-olds) <sup>6</sup>	38,700 (15%) (2009)	63,800 (22%) (2021)	65% increase between 2009–2021
Disability <sup>7</sup> - estimates from SDAC	484,500 (8%) (2018)	710,000 (12%) (2022)	47% increase between 2018–2022
Sexually or gender diverse (young people 16-24 years)	N/A	18% sexually diverse 2.3% gender diverse <sup>8</sup> (2021)	Evidence suggests a growing number of LGBTIQ+ people identifying. <sup>9</sup>

**Note:** Evolving social attitudes, data collection methods and terminology can influence LGBTIQ+ data trends. Proportions of disability vary across surveys due to differences in definitions and measurement of disability.



## Family circumstances are increasingly diverse




**Table 2:** Statistics on family composition and relationships of children and young people in Australia

Characteristic	2016	2021	Change between 2016–2021
Overall child population (0-18 years) <sup>10</sup>	5.54 million	5.81 million	5% increase
Living in a one-parent family <sup>11</sup>	981,000 (18%)	1.04 million (18%)	6% increase
Living in a couple family <sup>12</sup>	4.07 million (73%)	4.37 million (73%)	7% increase
Living in an 'intact family' with both natural or adoptive parents <sup>13</sup>	3.61 million (65%)	3.81 million (65%)	5% increase
Living in a step-family or blended family <sup>14</sup>	419,000 (8%)	524,000 (9%)	25% increase
Foster child <sup>15</sup>	17,400 (<0.1%)	19,200 (0.4%)	10% increase
Living with grandparent(s) or other relative(s) <sup>16</sup>	92,400 (1.7%)	85,500 (1.5%)	7% decrease
Living with same sex parent/carer couple <sup>17</sup>	9,800 (0.2%)	19,500 (0.4%)	99% increase

**Note:** All statistics in Table 2 are sourced from ABS data and use ABS definitions.

## Contemporary changes and issues impacting families

	<p><b>Parents are having fewer children and later in life:</b></p> <ul style="list-style-type: none"> <li>the median age of parents has generally increased since the 1970s <ul style="list-style-type: none"> <li>25.8 for mothers and 28.6 for fathers in 1975</li> <li>31.9 for mothers and 33.7 for fathers in 2022</li> </ul> </li> <li>the fertility rate has declined over time (1.63 babies per woman in 2022, 2.15 in 1975).<sup>18</sup></li> </ul>
	<p><b>Division of childcare labour by gender</b></p> <ul style="list-style-type: none"> <li>Women do more childcare in the home, with: <ul style="list-style-type: none"> <li>1 in 2 women always or usually looking after the children (57%)</li> <li>2 in 5 couple families sharing childcare responsibilities equally (41%)</li> <li>1 in 50 men always or usually looking after the children (2%).<sup>19</sup></li> </ul> </li> <li>Stay-at-home parents are more likely to be women: <ul style="list-style-type: none"> <li>1 in 5 families with children have a stay-at-home mother (20%)</li> <li>1 in 25 families with children have a stay-at-home father (4%).<sup>20</sup></li> </ul> </li> <li>Parents are spending more time on childcare in recent years compared to past decades.</li> </ul>

	<ul style="list-style-type: none"> <li>- In 2021, men spent 2 hours 19 minutes on average each day on childcare activities. This is up from 1 hour 6 minutes in 2006.</li> <li>- In 2021, women spent 3 hours 34 minutes on average each day on childcare activities. This is up from 2 hours 39 minutes in 2006.<sup>21</sup></li> </ul>
	<p><b>Financial circumstances of families</b></p> <ul style="list-style-type: none"> <li>• Families with two parents working are now more common (71% of all families with children in 2022, compared to 60% in 2010 and 56% in 2000).<sup>22</sup></li> <li>• Parenting and childrearing itself is becoming more time-consuming, intensive, and expensive.<sup>23</sup></li> <li>• The proportion of parents experiencing financial stress has increased since 2022: <ul style="list-style-type: none"> <li>- in 2022, 1 in 4 single parents (26.5%) and 1 in 10 couple families with dependent children (9.3%) experienced 2 or more indicators of financial stress<sup>24</sup></li> <li>- in February 2024, over 1 in 2 single parents (52%) and 1 in 4 couple families with children (29%) are estimated to be experiencing financial stress.<sup>25</sup></li> </ul> </li> </ul>
	<p><b>High levels of stress</b>, in addition to financial stress:</p> <ul style="list-style-type: none"> <li>• 1 in 5 parents (21%) reported high levels of parenting stress in 2021 (increasing from 13% in 2013)<sup>26</sup></li> <li>• 1 in 2 parents (52%) always or often feeling rushed or pressed for time in 2021.<sup>27</sup></li> </ul>
	<ul style="list-style-type: none"> <li>• Compared to other family types, families with children are more likely to live in areas fast-growing outer suburbs known as '<b>growth corridors</b>' that have lower availability of critical infrastructure and services.<sup>28</sup></li> </ul>

## 1.2 Literature reviews

There is clear evidence that, on a program level, CaPS, CfC FP and FMHSS are cost effective and associated with positive improvements for child, youth and parenting outcomes. A number of good practice elements were identified that can maximise benefits for playgroups, non-clinical counselling, parenting programs, school readiness and peer support groups.

### 1.2.1 Literature review of existing evaluations

#### Previous evaluations commissioned by the department

Previous program evaluations commissioned by the department were reviewed to establish existing evidence on effectiveness for the children, youth and parenting programs.

<b>CaPS</b>	<ul style="list-style-type: none"><li>• There have been no national evaluations conducted for CaPS. This is partly due to the number of diverse services delivered under the program, which makes it difficult to evaluate on a national scale.</li><li>• There is a strong evidence base for several key service types delivered under the program, such as parenting programs<sup>29</sup> and playgroups, with estimated benefit-cost ratio ranging between 3.6<sup>30</sup> and 13.83<sup>31</sup> for these programs.</li></ul>
<b>CfC FP<sup>i</sup></b>	<ul style="list-style-type: none"><li>• Previous evaluations of the CfC FP program found evidence of positive impacts for children and parents, particularly in fostering positive parenting practices, improved parenting self-efficacy, child development and wellbeing, and community cohesion.<sup>32</sup> Estimated benefit-cost ratio range between 4.77<sup>33</sup> and 16.38 for CfC FP.<sup>34</sup></li></ul>
<b>FMHSS</b>	<ul style="list-style-type: none"><li>• While no evaluations of FMHSS have been identified, similar prevention and early intervention programs demonstrate improved mental health outcomes for young people, with an estimated benefit-cost ratio of between 1.19 and 3.06.<sup>35</sup></li></ul>

#### Previous evaluations commissioned by service providers

The department requested service providers to share any evaluations of FaC children, youth and parenting programs, and received 2 CaPS evaluations and 6 CfC FP evaluations. Evaluations of various services demonstrated evidence that:

- child and parenting programs supported positive changes for parents, children and families, such as improvements in parenting skills and tools, literacy and language for children in supported playgroups, outcomes consistent with findings outlined in 1.2.2 for peer support programs, and improvements in mental health outcomes for mothers of at-risk infants
- child and parenting programs effectively engaged their target cohorts and were able to meet needs for families
- the CfC Facilitating Partner (FP) improved collaboration, was highly valued by Community Partners and could provide increased skills / training in program delivery.

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<sup>i</sup> Despite being dated, these evaluations provide a good estimate of program impact featuring longitudinal data, a control group, and a large sample size.

## 1.2.2 Literature reviews for specific service types

Literature reviews were undertaken to understand program effectiveness and identify key elements of good practice for specific service types. AIFS conducted literature reviews on playgroups, non-clinical counselling, and parenting programs. The department considered these reviews, in addition to undertaking further desktop reviews of academic literature.<sup>ii</sup>

In general, good practice elements broadly applicable to all types of children, youth and parenting programs include:

- delivery based on program logics
- person-centred and strength-based approaches
- effective monitoring and evaluation.

**Table 3:** Key findings from literature reviews

Service type	Effectiveness	Elements of good practice
Playgroups <sup>36</sup>	<p>Playgroups are associated with supporting parenting education and skills, child development, and family relationships.</p> <p>Playgroups can be beneficial to improve:</p> <ul style="list-style-type: none"> <li>• parenting education and skills</li> <li>• child development</li> <li>• family relationships</li> </ul> <p>Playgroups can support all families as a universal service or specific families as a targeted service, including children with disability or developmental delays, from First Nations, CALD, or low socioeconomic backgrounds, or rural and remote areas.</p>	<ul style="list-style-type: none"> <li>• Skilled facilitation, communication and planning for flexible and routine elements</li> <li>• Organisational oversight, support and governance including effective referral protocols</li> <li>• Appropriate training and support for facilitators</li> </ul>
Peer support programs	<p>Peer support programs can be beneficial to improve:</p> <ul style="list-style-type: none"> <li>• wellbeing and health</li> <li>• social interactions and communication</li> <li>• knowledge exchange</li> <li>• parenting skills</li> </ul> <p>Targeted programs can support specific cohorts experiencing similar issues (e.g. new mothers, parents of children with disability, communities of disadvantage, students with disability).</p>	<ul style="list-style-type: none"> <li>• Based on trusting relationships and communication</li> <li>• Accessible and flexible</li> <li>• Supportive supervision skilled coordination and provision of training</li> <li>• Safety components for children and young people</li> </ul>

<sup>ii</sup> All program types had evidence of effectiveness, the strength of evidence varies across service types. This may be due to difficulties in evaluating certain program types, rather than one intervention being more effective than another.



Service type	Effectiveness	Elements of good practice
School readiness programs	<p>School readiness programs are effective in:</p> <ul style="list-style-type: none"> <li>improving child development</li> <li>preparing children for school</li> </ul> <p>Programs can support children from low socioeconomic backgrounds, children experiencing maltreatment, First Nations children, and children with disability.</p>	<ul style="list-style-type: none"> <li>Focus on academic preparedness</li> <li>Focus on relationship building / nurturing between teacher-child, parent-child, teacher-parent</li> <li>Including readiness of child for academic functioning and classroom norms</li> </ul>
Parenting programs <sup>37</sup>	<p>Parenting programs can be effective in improving:</p> <ul style="list-style-type: none"> <li>child development</li> <li>parent-child and family relationships</li> <li>child behaviour and parenting practices</li> <li>child mental health.</li> </ul> <p>Programs can support families experiencing specific and/or severe challenges, as well as general populations.</p>	<ul style="list-style-type: none"> <li>Tailored to specific populations</li> <li>Includes assessment of family needs</li> <li>Activities or homework assigned between sessions</li> <li>Content on building and supporting family relationships and parenting capacity</li> <li>Engaging material tailored to family need and challenges</li> </ul>
Non-clinical group counselling <sup>38</sup>	<p>Non-clinical counselling is effective in improving child wellbeing and resilience.</p> <p>Programs can support children without formal diagnosis of mental health disorders or elevated mental health symptoms.</p>	<ul style="list-style-type: none"> <li>Therapeutic alliance between counsellor and participant</li> <li>Skill of counsellor to facilitate participant sense of success and mastery</li> <li>Programs run for longer periods</li> <li>Increasing opportunities for clients to interact with counsellors and peers</li> </ul>

## 1.3 Analysis of administrative data (Data Exchange)

The Data Exchange (DEX) is the department's program performance reporting system. Service providers are required to report client data, including demographics and outcomes, into DEX to assist in monitoring program outcomes.

The department analysed client data from 2015-16 onwards, with a focus on 2022-23 data (as the most recent year with data available at the time analysis commenced). Where comparisons were made with Census 2021 data, 2021-22 data was used to allow for a more accurate comparison.

### 1.3.1 Client data – Who has been accessing the programs?

Overall client numbers have been stable over time for all programs (except CFC FP which has declined substantially), with increasingly more individual clients and less group clients. Clients accessing services are diverse, with access rates particularly high for First Nations. The data indicates limited access or inclusion for some cohorts, particularly men and CALD people.

#### Client numbers in 2022-23 – Overall, group and individual

Individual clients are clients that have demographic details recorded. Group clients are unknown or unidentified clients. This includes clients attending services in group settings (e.g. community events or activities) where it can be difficult to record demographic details.

**Table 4:** Client numbers in 2022-23 – overall, group and individual

Client numbers	CaPS	CfC FP	FMHSS	Total
Overall	100,901	129,682	39,055	269,638
Group	33,988 (34%)	71,599 (55%)	23,292 (60%)	128,879 (48%)
Individual	66,913 (66%)	58,083 (45%)	15,763 (40%)	140,759 (52%)

**Note:** Includes individual and group clients with a session recorded in 2022-23 financial year. Does not include providers exempt from reporting client numbers into DEX. If these were included, total client numbers would be significantly over 270,000.

#### Trends in client numbers over time – Overall, group and individual

While overall client numbers for the CaPS and FMHSS programs have remained relatively stable over time, there have been some shifts in the trends between group/individual clients.

- The CaPS program has 44% less group clients, and 71% more individual clients, since 2015-16.
- The FMHSS program has not had a significant change in individual clients (1% decrease), but there has been an increase (16%) in group clients since 2019-20.

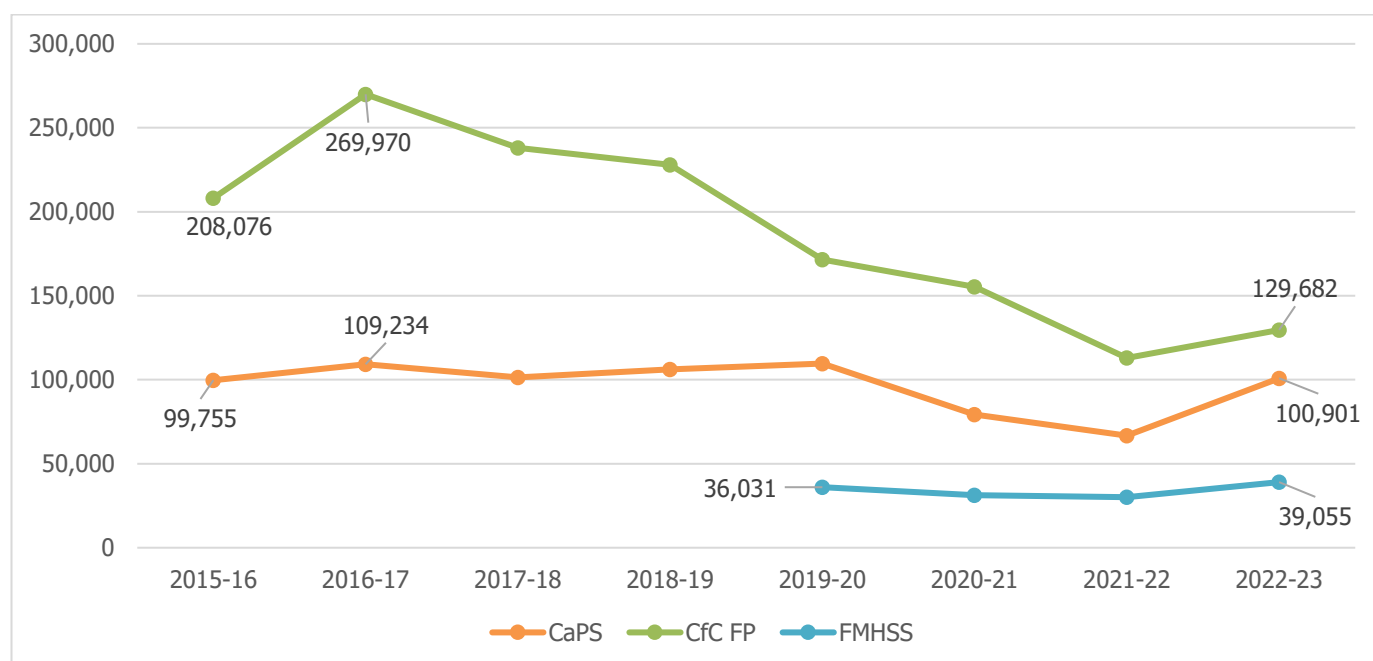
The CfC FP program has experienced greater instability in the overall client numbers – a 38% decrease since 2015-16. This is driven by a substantial decrease (54%) in group clients in that period, despite an increase (62%) in individual clients.

**Table 5:** Trends in client numbers over time – overall, group and individual

Changes over time	CaPS	CfC FP	FMHSS*
Overall clients	1% increase since 2015-16	38% decrease since 2015-16	6% increase since 2019-20
Group clients	44% decrease (from 60,521 in 2015-16)	54% decrease (from 172,305 in 2015-16)	16% increase (from 20,096 in 2019-20)
Individual clients	71% increase (from 39,234 in 2015-16)	62% increase (from 35,771 in 2015-16)	1% decrease (from 15,935 in 2019-20)

\*Data is unavailable for FMHSS (previously known as Community Mental Health, Early Intervention for Children) for 2018-19 and earlier years.

**Figure 1:** Client numbers over time (individual and group)



**Note:** Includes individual and group clients with a session recorded in 2022-23 financial year. Excludes providers with exemptions or incomplete data to avoid skewing overall data quality and trends. Increase in CaPS between 2021-22 to 2022-23 is impacted by one provider who was previously exempt and began reporting client numbers in 2022-23.

## Age groups in 2022-23

Across the children, youth and parenting programs overall, 57% of clients are aged 0 to 18, while 43% are aged 19 and over.

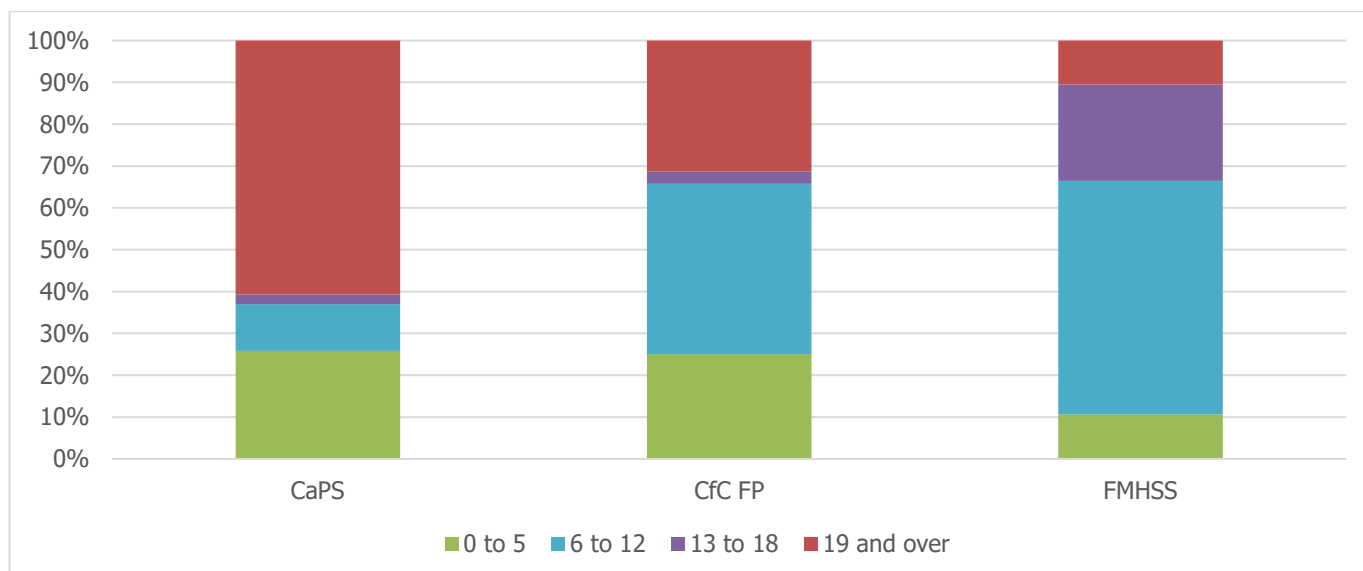
- CaPS has the strongest focus on supporting parents/families – 61% of clients are 19 years or older.
- CfC FP is mostly targeted to children and young people with 69% of clients aged 0 to 18. Support was mostly provided to the 6 to 12 cohort (41%).
- FMHSS is highly targeted to children and young people, with 89% of clients aged 0 to 18. Over half of their clients are school aged kids aged 6 to 12 (56%), with the greatest focus on teenagers aged 13-18 (23%) compared to other programs.

**Table 6:** Age demographics by program (2022-23)

Age group	CaPS	CfC FP	FMHSS	Total
19 and over	61%	31%	11%	43%
0 to 18	39%	69%	89%	57%
0 to 5	26%	25%	11%	24%
6 to 12	11%	41%	56%	28%
13 to 18	2%	3%	23%	5%

Note: Includes individual clients only with a session recorded in 2022-23 financial year.

**Figure 2:** Age demographics by program (2022-23)



## Client demographics in 2022-23

Across the 3 programs, client data reported by providers shows:

- less than 1 in 5 adults are men (17% male, 69% women, 0.05% non-binary or other)
- there are as many boys as girls (48% male, 49% female, 0.4% non-binary or other)
- 1 in 7 clients are First Nations (14%)
- 1 in 7 clients are CALD (14%)
- 1 in 10 clients have disability (9% for all clients, 10% for children/young people).

**Table 7:** Client demographics, percentage of clients by cohort (2022-23)

Demographic	CaPS	CFC FP	FMHSS
Gender (adults)	18% male 61% female 21% not stated* 0.03% non-binary/other	15% male 84% female 1% not stated 0.08% non-binary/other	19% male 81% female 0% not stated 0.08% non-binary/other
Gender (child/youth)	49% male 49% female 1% not stated 0.1% non-binary/other	48% male 47% female 4% not stated 0.6% non-binary/other	48% male 51% female 1% not stated 0.4% non-binary/other
First Nations	10%	18%	16%
CALD <sup>^</sup>	13%	16%	9%
Disability	6%	8%	19%
Disability (child/youth)	7%	9%	20%

**Note:** Includes individual clients only with a session recorded in 2022-23 financial year. Excludes data from providers exempt from reporting client numbers.

\*Virtually all of the 'gender not stated' data in CaPS adult data is being reported by one organisation with issues in collecting demographic data.

<sup>^</sup>CALD definition includes people who are either culturally and/or linguistically diverse, which counts clients as CALD if they are diverse on at least one CALD indicator (country of birth or main language spoken at home). This includes children born in Australia who are linguistically diverse.

## Service rates (DEX and Census data analysis)

DEX client data was compared with population estimates of the same cohort to explore how well children, youth and parenting programs reach certain cohorts in the community.

- The ABS 2021 Population Census was used to calculate population numbers, except for disability which was calculated using the 2022 Survey of Disability, Aging and Carers (SDAC). Only children and young people aged 0 to 18 were analysed for disability population estimates, because disability prevalence among this age group is lower than the overall disability population as disability prevalence increases with age.
- Service rates are calculated as a ratio of clients per 100,000 people in the Australian population.

*For example:*

The FMHSS CALD service rate of 22 per 100,000 people means that for every 100,000 CALD people residing in Australia, there are 22 CALD people attending the service.

When comparing this to the FMHSS overall service rate for the general population, we can see that the CALD service rate is much lower than the general population, which means CALD people are less likely to access services.

### Key findings across the 3 programs (2022-23):

- An average of 152 clients were serviced per 100,000 people in the population.
- CALD people were serviced at a much lower rate than the general population for all programs (40% less likely to access services).<sup>iii</sup>
  - An exception to this trend is for 'Linguistically Diverse only' people, who were 9% more likely to attend CfC FP (but less likely in other programs).
  - In general, 'Linguistically Diverse only' people were serviced more than other CALD sub-groups ('Culturally Diverse only' or 'Culturally and Linguistically Diverse' people).
- First Nations people were serviced at a much higher rate than the general population for all programs (340% more likely to attend services).
- Children and young people with disability were serviced at a slightly lower rate than children and young people more generally (14% less likely to attend services overall).

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<sup>iii</sup> This is despite an expanded definition of CALD being used in this analysis, counting people as CALD if they are diverse on at least one indicator of cultural or linguistic diversity (country of birth or language). CALD definition includes people who are either culturally and/or linguistically diverse. This is an expanded CALD definition that includes groups not typically included in the existing DEX definition. For example, it includes children born in Australia who are linguistically diverse.

**Table 8:** Service rates (number of clients per 100,000 people in Australian population)

Cohort	CaPS	CfC FP	FMHSS	Total across programs
<b>Overall population</b>	197	199	59	455
First Nations	672	1,076	263	2,011
CALD*	121	131	22	273
• Culturally and Linguistically Diverse	92	95	15	201
• Linguistically Diverse only	175	216	32	424
• Culturally Diverse only	152	134	30	316
<b>Overall population child/youth</b>	446	667	236	1,350
Disability (child/youth)^	270	491	403	1,163

**Notes:** Excludes data from providers exempt from reporting client numbers, and some CaPS organisations due to incomplete demographic data.

\* The number of CALD clients is the total of all clients who fit into any of the following 3 subgroups:

- Culturally and Linguistically Diverse: Non-English speakers born outside Australia or a mainly English-speaking country
- Culturally Diverse only: Born outside Australia or a mainly English-speaking country, and language is English or unknown
- Linguistically Diverse only: Non-English speakers born in Australia, a mainly English-speaking country or birthplace unknown. This includes children born in Australia who are linguistically diverse, such as second-generation migrants.

^ For disability service rates, only those aged 0 to 18 were analysed. The disability service rate is compared with the overall population child/youth service rate (people aged 0 to 18). Disability service rate calculated here may be imprecise and should only be taken as an approximate value, as the Data Exchange and the SDAC use different categorisations of disability for identification purposes.

**Table 9:** Comparison of service rates for priority cohorts vs general population

Trends in servicing	CaPS	CfC FP	FMHSS*
CALD*	<ul style="list-style-type: none"> <li>CALD people 38% less likely to attend CaPS</li> <li>All CALD sub-groups less likely to attend</li> </ul>	<ul style="list-style-type: none"> <li>CALD people 34% less likely to attend CfC FP</li> <li>CALD subgroup 'Linguistically Diverse only' 9% more likely to attend CfC FP, other sub-groups less likely</li> </ul>	<ul style="list-style-type: none"> <li>CALD people 63% less likely to attend FMHSS</li> <li>All CALD sub-groups less likely to attend</li> </ul>
First Nations	<ul style="list-style-type: none"> <li>340% <b>more</b> likely to attend CaPS</li> </ul>	<ul style="list-style-type: none"> <li>540% <b>more</b> likely to attend CfC FP</li> </ul>	<ul style="list-style-type: none"> <li>440% <b>more</b> likely to attend FMHSS</li> </ul>
Disability (child/youth)^	<ul style="list-style-type: none"> <li>40% <b>less</b> likely to attend CaPS</li> </ul>	<ul style="list-style-type: none"> <li>26% <b>less</b> likely to attend CfC FP</li> </ul>	<ul style="list-style-type: none"> <li>170% <b>more</b> likely to attend FMHSS</li> </ul>

**Note:**

\* CALD definition includes people who are either culturally and/or linguistically diverse. This counts people as CALD if they are born outside of Australia or another mainly English-speaking country and/or if they use a non-English language at home.

CALD sub-groups were also analysed, including 'Culturally Diverse only' (born outside Australia or another mainly English speaking country but language is English or unknown) and 'Linguistically Diverse only' (non-English speakers born in Australia or birthplace unknown), and 'Culturally and Linguistically Diverse'. This is an expanded CALD definition that includes groups not typically included in the existing DEX definition. For example, it includes children born in Australia who are linguistically diverse.



### 1.3.2 Outcomes data – How effective and efficient are the programs?

The majority of clients (72%) had positive improvements in outcomes across all three activities, with some differences across programs, outcome type, and cohorts. CfC was more cost-effective per positive outcome than CaPS and FMHSS.

The department looked at client outcomes data available through the standardised reporting framework in DEX, known as Standard Client/Community Outcomes Reporting (SCORE).

Two types of SCORE outcomes were assessed, including 3 Goals and 5 Circumstances SCORE:

- **Goals SCORE** – representing progress in achieving specific goals, including changed behaviours, changed skills, changed knowledge; and
- **Circumstances SCORE** – representing changes in a client’s circumstances. This included family functioning, age-appropriate development, community participation and networks (except for FMHSS), education and skills training (CFC FP only) and mental health, wellbeing and self-care (FMHSS only).

To understand **effectiveness**, the Review looked at how many clients had **positive improvements** in outcomes, and whether this differed across programs or demographics (First Nations, CALD, people with disability).

To assess a client as having ‘positive improvements’, the analysis looked at whether clients had any improvement (+1 or higher) across a majority (at least half) of domains assessed.

- For example, where a client has 6 different SCORE domains assessed, they are considered to have ‘positive improvements’ if they have an improvement of 1+ across 3 or more of these domains.

To understand **cost effectiveness**, the analysis quantified the number of individuals experiencing positive improvements for every million dollars invested in the program (excluding funding provided to organisations exempt from DEX reporting).

The calculation includes clients who do not have outcomes assessed to account for the true reach of the program (noting only 1 in 5 clients have outcomes assessed). It was assumed that the same number of clients experience positive improvements for those assessed versus those not assessed.

The department has undertaken assurance on the Families and Children DEX data to ensure it is representative and without bias.<sup>iv</sup>

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<sup>iv</sup> In 2022, the department procured Australian Survey Research Group (ASR) to survey clients attending CaPS, CFC FP and FMHSS to independently validate outcomes as reported in DEX. Comparison of this survey data with DEX outcomes data for 2022-23 reveals low to negligible risk of response bias for CaPS, CFC FP and FMHSS. Representativeness tests undertaken by the department (Chi-Square) also reveal negligible to low risk of sampling bias, with clients chosen for assessment by providers being similar in distribution by gender, state, homelessness status, Indigenous status and Cultural and Linguistic Diversity status.

## Effectiveness and Cost-effectiveness

Overall, 72% of clients obtained positive improvements across the domains assessed.

CfC FP performed particularly well in terms of cost effectiveness, with 1,326 people with positive improvements per million dollars spent, compared to 1,169 for CaPS and 552 for FMHSS.

**Table 10:** Effectiveness and cost effectiveness measures

	CaPS	CfC FP	FMHSS	Total
Clients with outcomes assessed*	17,117 (26%)	28,835 (50%)	8,089 (51%)	54,041 (38%)
<b>Effectiveness measure:</b> Proportion of clients with positive improvements	68%	72%	76%	72%
<b>Cost effectiveness measure:</b> Number of clients with a positive improvement per \$ million dollars spent	1,169	1,326	552	1,036

**Note:** Excludes data not reported into DEX. For example, CfC FP measures less than 2/3 of its delivery – as it does not include the outcomes achieved by direct actions from the Facilitating Partner (e.g. community development, building capability of other organisations). Analysis also excludes funding data for programs exempt from reporting clients into DEX.

Only domains deemed highly relevant to each program was assessed, including changed behaviours, changed skills, changed knowledge, family functioning, age-appropriate development, community participation and networks (except for FMHSS), education and skills training (CfC FP only) and mental health, wellbeing and self-care (FMHSS only).

\*Percentage of individual clients with outcomes assessed.

## Positive improvements by outcome type

Overall, there were generally more positive improvements for Goals SCORE domains than Circumstances SCORE domains. FMHSS consistently had more clients with positive Goals SCORE outcomes compared to other programs, with CaPS typically having the least. Some key differences across programs include:

- CaPS strongest outcomes were changed knowledge (67%), changed skills (63%), community participation and networks (61%) and age-appropriate development (58%)
- Cfc FP strongest outcomes were changed skills (70%), changed knowledge (67%), changed behaviours (65%) and age-appropriate development (63%)
- FMHSS strongest outcomes were changed skills (73%), changed behaviours (71%), changed knowledge (70%) and mental health, wellbeing and self-care (63%).

**Table 11:** Outcomes by outcome type (Percentage of clients with positive improvements)

Outcome (SCORE domain)	CaPS	Cfc FP	FMHSS	Total
Changed behaviours	56%	65%	71%	63%
Changed knowledge	67%	67%	70%	67%
Changed skills	63%	70%	73%	68%
Age-appropriate development	58%	63%	51%	59%
Family functioning	53%	57%	60%	56%
Community participation and networks (except for FMHSS)	61%	59%	N/A	60%
Education and skills training (Cfc FP only)	N/A	61%	N/A	61%
Mental health, wellbeing and self-care (FMHSS only)	N/A	N/A	63%	63%

**Note:** Only domains deemed highly relevant to each program were assessed, which is why data is N/A for some domains.

## Positive improvements for different cohorts

There were similar trends in outcomes for diverse cohorts for CaPS and CfC FP:

- Similar amount of First Nations people with positive improvements, as non-First Nations people
- Similar amount of people with disability with positive improvements, as people without disability
- More CALD people with positive improvements than non-CALD people
- More male adults with positive improvements than female adults.

FMHSS saw a slightly lower percentage of clients with positive improvements across a range of cohorts including CALD (2% less), First Nations (5% less), people with disability (5% less), and adult men (6% less).

**Table 12:** Outcomes by cohorts (Percentage of clients with positive improvements)

Program	CaPS	CfC FP	FMHSS	Total
<b>CALD</b>	76% of CALD 66% of non-CALD	76% of CALD 71% of non-CALD	74% of CALD 76% of non-CALD	76% of CALD 70% of non-CALD
<b>First Nations</b>	68% of First Nations 68% of non-First Nations	72% of First Nations 72% of non-First Nations	71% of First Nations 76% of non-First Nations	71% of First Nations 72% of First Nations
<b>People with disability</b>	71% with disability 68% without disability	74% with disability 72% without disability	72% with disability 77% without disability	73% with disability 71% without disability
<b>Gender</b>	70% for males 67% for females	73% for males 72% for females	77% for males 75% for females	73% for males 70% for females
<b>Gender (adults)</b>	73% for males 66% for females	75% for males 70% females	64% for males 70% for females	73% for males 68% for females

**Note:** The gender columns do not present data on clients whose gender is reported is 'not stated' or 'non-binary and other' due to low presence of outcomes data.

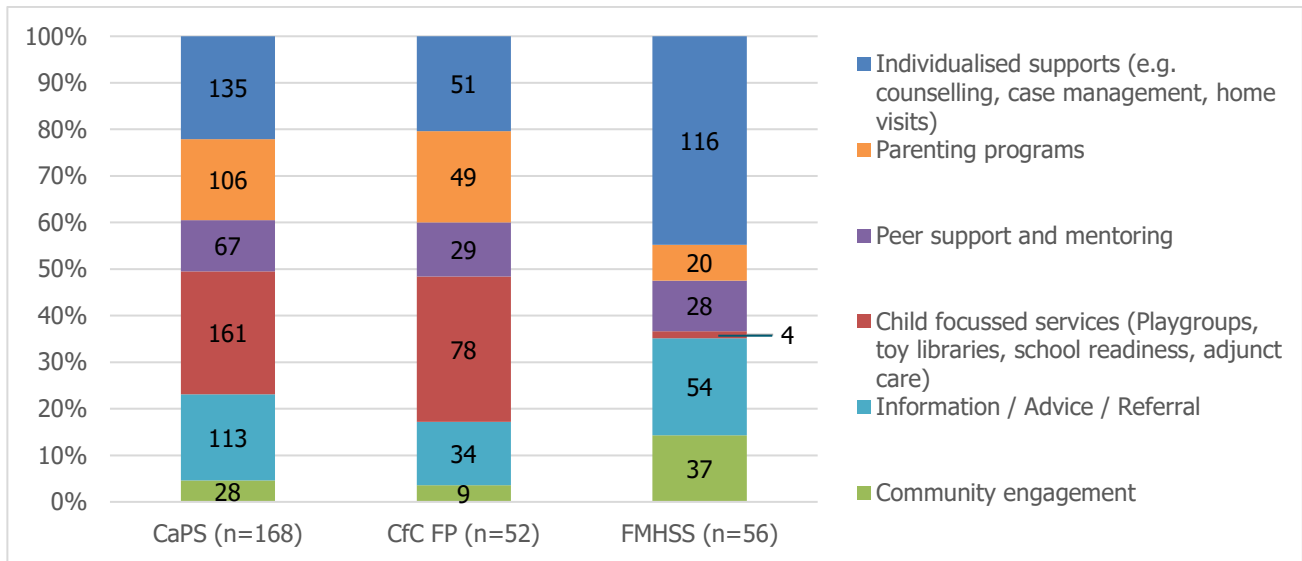
## 1.4 Activity Work Plan Analysis

Under grant reporting requirements, providers submit Activity Work Plans to the department, which outline key service delivery information such as service descriptions, outcome areas, client targets, and participation barriers.

The department analysed 276 Activity Work Plans submitted by organisations for 2023-24 (CaPS), and 2022-23 (CfC FP and FMHSS). Key findings across the programs included:

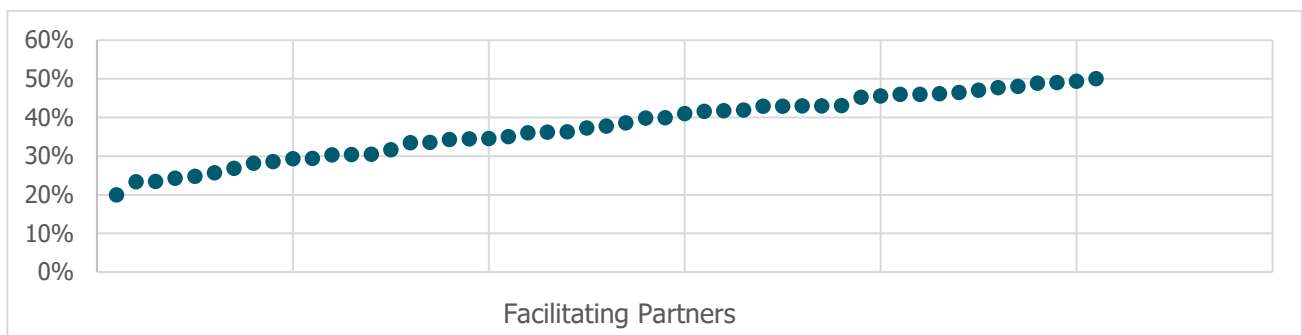
- A **range of highly diverse service modalities** delivered through the children, youth and parenting programs.

**Figure 3:** Service modalities by percentage per program



- The **most common client participation barriers** for all programs included accessibility of services (46%), language, literacy and cultural barriers (42%), complex client needs requiring more intensive supports (25%), and clients' mistrust of services or privacy concerns (23%).
- When providers operate outside of operational guidelines, it is typically due to **delivering more intensive tertiary supports (i.e. crisis and treatment)** rather than early intervention.
- Providers reported concerns with the **impact of administrative red tape** on service delivery, particularly group client reporting thresholds and CfC FP evidence-based program requirements.
- There was **diversity in the proportion of funds CfC Facilitating Partners** allocated to activities other than direct service delivery (ranging from around 20% to around 50%).

**Figure 4:** Percentage of total funding expended by CfC Facilitating Partners (2022-23)



**Note:** Excludes one CfC FP organisation with unique arrangements, due to their work with the place-based Stronger Places, Stronger People activity in their local community.

## 1.5 Progress against National Agreement to Closing the Gap

The National Agreement on Closing the Gap includes a commitment by governments to increase the amount of government funding for Aboriginal and Torres Strait Islander programs and services going through Aboriginal and Torres Strait Islander community-controlled organisations.

### 1.5.1 Key data on ACCO service delivery and First Nations focussed services

#### First Nations client outcomes – Family functioning and child development

The department analysed DEX SCORE outcomes data reported by providers for 2022-23, in relation to two SCORE domains that were considered particularly relevant to outcomes for children in the National Agreement on Closing the Gap:

- **Age-appropriate development (for children 0-5 years)**  
Relevant to Outcome 4, that children thrive in their early years.
- **Family functioning (for adults, clients 19+ years)**  
Relevant to Outcome 12, that children are not overrepresented in the child protection system.

This analysis looked at the percentage of First Nations clients with positive improvements in these two SCORE outcome domains (see explanation of positive improvements in section 1.3.2), in comparison with the percentage of non-First Nations clients with positive improvements in the same outcome domains.

**Table 13:** Percentage of First Nations clients with positive improvements (2022-23)

Outcome (SCORE domain)	CaPS	CfC FP	FMHSS	Total
Age-appropriate development (children and youth, 0-5 only)	55% of First Nations	59% of First Nations	37% of First Nations	56% of First Nations
	54% of non-First Nations	67% of non-First Nations	38% of non-First Nations	59% of non-First Nations
Family functioning (adults, 19+ only)	51% of First Nations	63% of First Nations	39% of First Nations	56% of First Nations
	53% of non-First Nations	57% of non-First Nations	56% of non-First Nations	55% of non-First Nations

## Proportion of delivery organisations that are ACCOs

Program data shows that 4% of organisations delivering CaPS and FMHSS services are ACCOs.

The department calculated the proportion of organisations delivering CaPS and FMHSS services using data reported by providers in DEX for 2022-23.

- Note – Data on organisations delivering CfC FP services has not been included due to limitations in the data available to the department. CfC FP operates through a sub-contracting program model, where the Facilitating Partner is responsible for management of the sub-contracting arrangements of Community Partners (who are the delivery organisations).

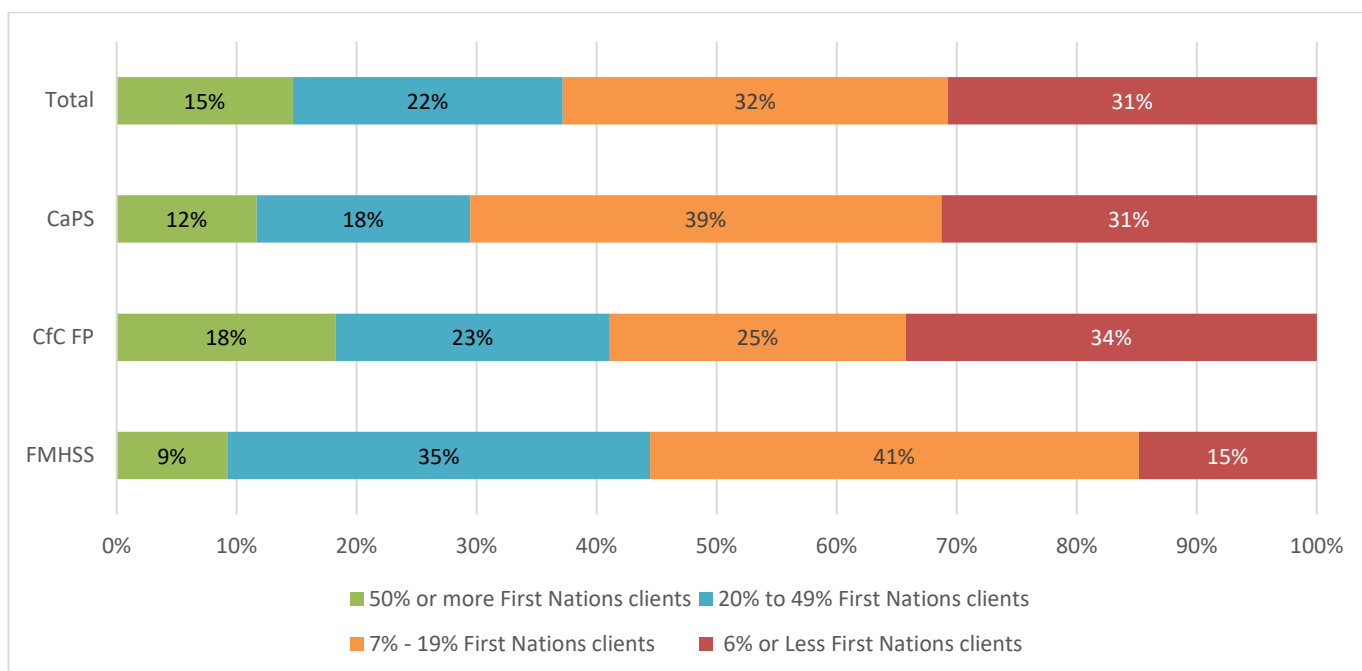
**Table 14:** Proportion of ACCO delivery organisations and funding

Program	CaPS	FMHSS	Total
<b>Proportion of delivery organisations that are ACCOs</b>	4% (9 of 212)	2% (1 of 54)	4% (10 of 266)
<b>Proportion of program funding allocated to ACCOs</b>	2% (\$1.856 million)	1% (\$0.683 million)	2% (\$2.539 million)

## Proportion of delivery organisations that are First Nations focused

15 per cent of organisations delivering children, youth and parenting programs have a majority (more than 50%) First Nations clients. A further 22% of organisations have a client base that comprises more than 20% First Nations clients.

**Figure 5: Delivery organisations by First Nations servicing levels (proportion) (2022-23)**



**Note:** Data from 2022-23 on delivery organisations, excluding organisations exempt from reporting DEX data

## 1.5.2 Stronger ACCOs, Stronger Families initiative (Part 1 and 2)

The Stronger ACCOs, Stronger Families (SASF) initiative was led by the department as part of the Australian Government’s Implementation Plan for Closing the Gap. Its purpose was to assess the needs and increase the involvement of ACCOs in the child and family sector.

### Stronger ACCOs, Stronger Families Part 1

SNAICC – National Voice for our Children, the national peak body for Aboriginal and Torres Strait Islander children and families, was engaged by the department in 2022 to conduct Part 1 of Stronger ACCOs, Stronger Families.

Part 1 identified the strengths, needs, barriers and opportunities, of ACCOs who are currently delivering or who have the potential to deliver relevant programs to children and families, including FaC Activity programs.

#### Key findings

Strengths	<ul style="list-style-type: none"> <li>• ACCOs are inextricably connected to the communities they serve</li> <li>• ACCOs use a holistic model of care to deliver integrated and culturally safe services</li> </ul>
Barriers	<ul style="list-style-type: none"> <li>• Lack of community control in program design and funding allocation processes</li> <li>• Funding processes</li> <li>• Funding doesn’t match the model of care</li> <li>• Poor partnerships</li> <li>• Reporting burdens</li> </ul>
Needs	<ul style="list-style-type: none"> <li>• Resources for core operational functions and infrastructure</li> <li>• Data, evaluation, and research</li> <li>• Stability in funding agreements</li> </ul>
Opportunities	<ul style="list-style-type: none"> <li>• Improving navigation and support resources</li> <li>• Building government capacity to support ACCOs and undertake funding reform</li> </ul>



## Stronger ACCOs, Stronger Families Part 2

The department commissioned an Aboriginal organisation, Wunan Foundation, to run Part 2 in 2023-24. Part 2 focused on strengthening genuine relationships between ACCOs and non-Indigenous organisations in the delivery of programs within the FaC Activity. This trial focused on the Home Interaction Program for Parents and Youngsters (HIPPY) and CfC FP programs.

### Key findings

<p>Facilitated Partnership role</p>	<ul style="list-style-type: none"> <li>• The purpose of partnership needs to be explicitly defined from the outset.</li> <li>• A high level of commitment from senior personnel to making change together is a critical success factor in establishing impactful partnerships between ACCOs and non-Indigenous organisations moving towards ACCO-led delivery.</li> <li>• Having space for partnership development work that is not situated within a direct tender or funding opportunity is key.</li> <li>• Feedback from participants indicated that there was strength in having the process led by an independent ACCO.</li> </ul>
<p>Government and the sector's role in supporting partnerships</p>	<ul style="list-style-type: none"> <li>• There is a strong interest within the mainstream Family and Children's services sector to do more and be more effective in their work to improve outcomes for First Nations people.</li> <li>• There is frustration within the ACCO sector at the slow pace of change from government.</li> <li>• A more flexible and adaptive response from Government as to how it supports partnership development between ACCOs, and mainstream organisations is needed.</li> <li>• Existing program funding arrangements reinforce existing power imbalances.</li> </ul>

# Part 2: External research

## 2.1 Sector voices: surveys and interviews with service providers

AIFS conducted surveys and interviews with providers in late 2023 and early 2024 to better understand the challenges and enablers for service provider delivery and sector capability.

Engagement with the workforce and providers shed light on service delivery challenges and enablers. A key strength of the sector was a highly skilled workforce with a strong sense of purpose, and strong client engagement with services. Key challenges included client complexity, staff recruitment/retention, and demands associated with administrative requirements.

### 2.1.1 Organisational survey (Request for Information)

In late 2023, AIFS conducted an organisational survey with providers funded under the children, youth and parenting programs, with one response per organisation. Within a sample of 83 responses, key insights from this survey were:

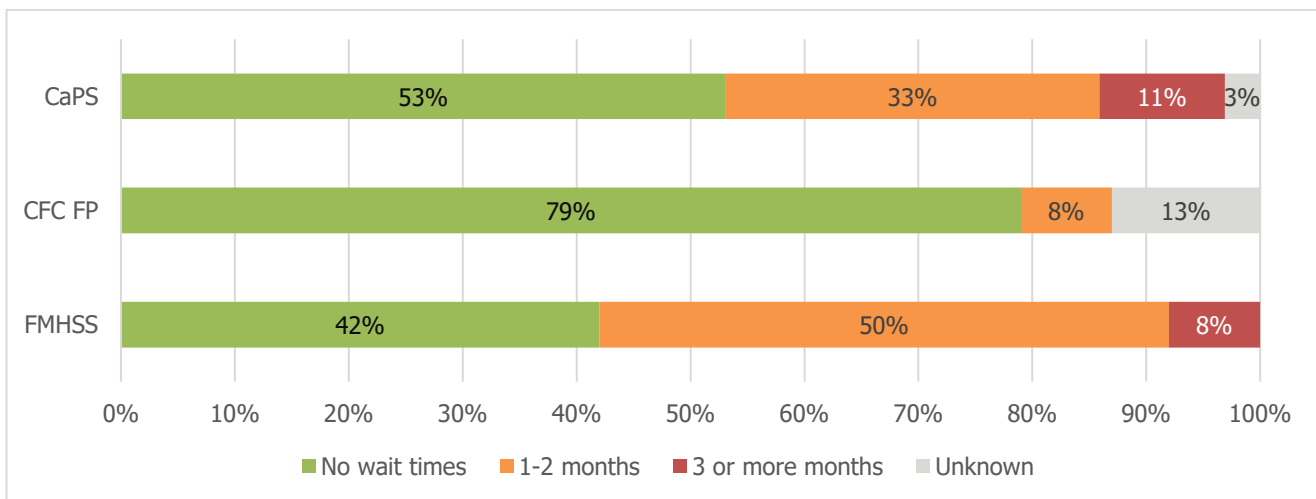
#### Variety of services delivered by funded organisations

- Almost all organisations (98%) delivered other services in addition to the 3 programs covered by this review. Around half (55%) of organisations deliver 6–7 or more service types within their CaPS, CFC FP or FMHSS funding.

#### No or short wait times for services

- Overall, there was no wait time reported for just over half (56%) of CaPS, CFC FP or FMHSS services delivered by organisations. About a third (32%) reported between a wait time of 1-2 months. Wait times of three months or more was relatively uncommon (8%).

**Figure 6:** Average wait times reported by providers



**Note:** FMHSS had 0 responses for 'unknown' and '3 or more months'.

#### Referrals

- Most common types of organisations referrals were received from included other child and family services (86%), education (78%), child protection (74%), health services (72%), mental health services (70%), and family and domestic violence services (66%).

## 2.1.2 Workforce survey (Service Provider Survey)

In late 2023, AIFS conducted a survey to collect insights from practitioners and program managers to understand service delivery from the perspective of the workforce. It received 302 responses.

### Skilled workforce

- 71% had tertiary qualifications and 80% have at least 5 years experience working in the sector.

### High confidence in supporting clients

- 92% report they are bringing about better outcomes for clients daily.
- 81% believe they meet the needs of LGBTIQ+ client, this was 80% for clients with disability, 78% for CALD clients and 76% for First Nations people.

### Strong client engagement and awareness of services

- 79% report that clients mostly found out about services from family and friends, with less reporting that clients find out about services from searching online (43%) or community open days (36%).
- 80% report the majority of clients stayed with program to completion/long-enough to obtain benefits.

### Increased client complexity and service intensity

**Table 15:** Key provider survey responses regarding increased client complexity and service intensity

Survey respondents reported...	CaPS	CfC FP	FMHSS	Total
Spent at least a quarter of their time at work providing urgent help / intensive support to clients	63%	44%	63%	54%
Three quarters or more of their clients experience multiple complex issues	40%	41%	59%	43%
Described increased client complexity (including comorbidity) as key change to clients presenting to services	26%	39%	59%	39%
Reported they were at least sometimes not able to provide services to clients due to 'complex health risks that can't be supported'	29%	22%	58%	34%
Reported they were at least sometimes not able to provide services to clients due to 'safety concerns'	26%	18%	42%	28%
Clients generally spend more than 3 months with the service	60%	44%	85%	61%

**Note:** Responses for CfC FP include responses from CfC Facilitating Partners and Community Partners.

### Key challenges for service delivery

- When asked about key challenges, 31% of practitioners mentioned lack of funding/resources, 24% described staff recruitment/retention, and 15% mentioned demands associated with administrative and reporting requirements.

### 2.1.3 Service Provider and Expert Interviews

In early 2024, AIFS conducted group and individual qualitative interviews with 38 service providers and 9 stakeholders. Interviews across both groups of stakeholders discussed:

#### **Enablers of quality service delivery**

- the importance of taking the time to build trusting relationships with all stakeholders, including families and other service providers
- collaboration, partnerships and responding to community need
- cultural and psychological safety and staff with lived experience
- self-determination for First Nations communities
- a service system that provides a level of universal support to all families, with additional supports for those that need them (progressive universalism) and the use of place-based approaches
- playgroups providing a universal soft entry point to the child and family service system.

#### **Common barriers**

- that early intervention work can be compromised by complex issues where clients are not able to access tertiary services
- workforce issues, including difficulties with recruitment and retention of staff with suitable skills, including in mental health and online service delivery
- challenges with navigating the child and family service system
- more and better access to data needed to support design, and the use of more rigorous evidence to support design
- a fragmented service system that hinders collaboration
- lack of quality (formative and process) evaluations hindering service improvements
- time and resourcing for relationship building and collaboration with families and other service providers
- challenges for families and services including increases in the cost of living, COVID-related challenges and the impact of natural disasters.

## 2.1.4 Sector working groups consultations

Between March and June 2024, the department facilitated working groups with providers from the 3 in-scope programs, meeting multiple times on several relevant thematic topics.

### Overarching enablers

- Program aims, objectives and guidelines provide sufficient flexibility to deliver appropriate services.
- The Early Years Strategy principles align well with existing service delivery approaches, there was specific support for 'evidence informed practice'.
- Suggested program improvements to strengthen the sector:
  - review timeliness of supplementation and indexation to allow time for recontracting and reduce attrition of staff, risk of underspends, resource costs for programs and additional funds for evaluation and innovation
  - longer term grant agreements (5 years) to support staff hiring and prevent attrition, especially expertise for CALD/First Nations communities, avoidance of program delays and support the building of trust in the community especially regional and remote areas.
- Enablers of service inclusiveness and accessibility for intersectional cohorts included conducting or accessing existing community needs assessment and incorporating client voices into service design, identifying service preferences across contexts; cohorts and communities, reviewing evidence-based programs to identify whether they are inclusive, practitioners adopting an intersectional lens to enable strengths based and person-centred care; including ensuring practice is trauma informed.
- Enabling factors to deliver service to First Nations communities include specific factors such as community connection, long term relationships and trust, flexibility, resources, partnering with ACCOs and maintaining choice for parents where services may transition funds to ACCOs.

### Overarching barriers and challenges

- The ability of services to support increasing client complexity and changing family needs is an issue that can stem from the availability of clinical, allied health, disability, tertiary or crisis services. Sometimes immediate supports need to take place before early interventions can occur or interactions / sessions need to last longer whilst linking clients to more appropriate services which are at capacity.
- Administrative red tape related to DEX reporting requirements was perceived as a barrier to service delivery because:
  - client outcomes reporting can be resource and time intensive for practitioners
  - it is challenging to obtain the detailed amount and type of client information required for reporting, which can create a potential barrier to service delivery, especially for vulnerable populations with higher levels of mistrust in data collection processes, such as First Nations and CALD clients.
- Challenges in using the evidence-based programs are the costs and timing with licencing use and training staff, amplified by staff turnover and viewed cultural inappropriateness for specific cohorts.
- Ability to run program evaluation is constrained by current resourcing and expertise.
- Challenges faced by organisations regarding accessibility for people with disability and autism include delay in diagnosis (or non-disclosure), waitlists for clinical services, and availability and costs of training staff.

## Program-specific insights

### CaPS

- The CaPS Working Group agreed on the importance of the focus on prevention and early intervention and agreed the primary focus should be on children 0-12 years old, while also stating the flexibility to provide services up to 18 years is beneficial because of the lack of services in some locations.
- Members raised similar themes to the overall comments around client complexity, adding that COVID and natural disasters had a lasting effect in child and parent wellbeing. They noted a continued tension between parents wanting the convenience of online services and the connection derived from face-to-face services.

### CfC FP

- The CfC FP Working Group said the current Evidence Based Program (EBP) requirement limits innovation and tailoring to community need, can be costly, and can mean services delivered are less suited to First Nations and CALD families.
- Members said the role of the Facilitating Partner (FP), and the funding split between FP and Community Partner (CP), varies from site to site. For example, the FP needs to provide more support where CPs are smaller. The working group view is that having flexibility in the funding split between the FP and CPs is important.
- Members said much of the work of the FP is unreported, and supported developing a way to measure the role of the FP by enabling 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, and a measurement tool capturing children's perspectives of their community.
- Members wanted a better way to tell stories of the work of CfC FPs to the department, acknowledging considering the size of AWP and reports the provision of more written stories would have minimal benefit.
- Members 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.
- Members had varying opinions about the usefulness and practices of the Community Strategic Plans and CfC FP Committees. The degree to which CfC FP Committees guide FP priorities and actions varies across locations. In some sites, this partnership-approach leadership by local communities provides guidance to all FP priorities and actions.

### FMHSS

- The FMHSS working group reflected that the model is a community-based service with a preference to focus on early intervention. Noting some members 'no wrong door' approach can blur this focus. Higher demand and client complexity has led to strained capacity.
- Members described pressure on FMHSS to service the "missing middle", described as the group whose needs are more intense than can be supported by early intervention, but their needs are not so chronic that they are able to quickly access tertiary clinical supports.

- Referrals from child protection are challenging, as it is difficult to provide appropriate support for all family members, and the approach required for child protection can require a different skill base. Members questioned whether removing reference to give priority to child protection referrals in the Operational Guidelines would enable providers to make more appropriate assessments about suitability for services, and there was a need to have a consistent understanding of the boundaries of early intervention.
- Members noted that FMHSS services play a key coordination role for families who may need to access the National Disability Insurance Scheme (NDIS), with members seeing many children already with a diagnosis of ADHD or autism.
- Members suggested changes to departmental processes to increase community outreach, mental health education and community development, and greater clarity on what is meant by early intervention in FMHSS, would be supported.

## 2.2 Client, youth and parent voices

### 2.2.1 Interviews with clients

In February-March 2024, AIFS interviewed 43 parents or carers who have used or currently use a FaC children, youth or parenting service,<sup>v</sup> to better understand client experiences and pathways into services and the role of services in clients' lives.

Key insights include:

- Clients demonstrated **high levels of satisfaction** with FaC Activity services. They noted that the services exceed expectations for a free service and they were perceived to be high quality.
- Many clients felt the **attitudes and behaviour of staff members** was a key factor in why they had positive experiences with the service.
- Clients provided positive feedback about staff members encouraging male partners to attend services, reflecting this had positive impacts on the family's ability to implement new practices at home.
- Clients reported playgroups were important for social interaction for both children and parents. Feedback suggested that playgroups may be a good soft entry point to the service system.
- Clients reported having a **low awareness** of child and parenting services, although once they receive a service, **they become more aware of other services**, primarily through referrals.
- Although most clients reported they had heard about the FaC Activity funded services through **word of mouth**, they generally preferred to receive information **online**. Email and Facebook were the preferred forms of communication from a service. Some interviewees highlighted the importance of services having an online presence, so that people can find them, and ensuring that online platforms have up-to-date information. Playgroup attendees, in particular, wanted to receive **regular updates** about what was coming up in playgroup sessions.
- Clients interviewed reported very few accessibility barriers when accessing services, and preferred services delivered close to their home or in a convenient location (e.g. a school for a child receiving FMHSS support).

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<sup>v</sup> It was not possible to recruit an equal representation of parents and carers from across the 3 different programs and about half attend playgroups.

## 2.2.2 Survey with parents and carers about parenting supports/services

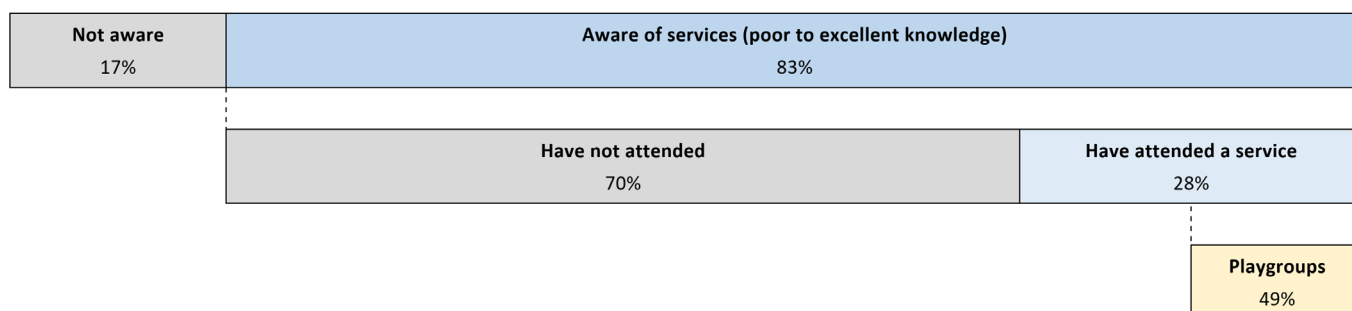
In May 2024, AIFS and ORIMA Research conducted an online survey with 1,558 parents and carers of children 0-17 years old across Australia, to understand needs and experiences with using parenting supports (including for example, playgroups, parenting programs, and parenting information).

### Parenting experience and help seeking

- 88% of parents and carers surveyed found parenting moderately, very or extremely **rewarding**.
- Most (86%) parents and carers felt at least somewhat confident that they could obtain the knowledge, advice, or help they need in relation to their parenting.
- Just over one third (34%) of parents and carers had **sought support or advice** for concerns they had about their children’s behaviour, health or development. The most common supports were from a psychologist / psychiatrist (46%), GP or hospital (39%), school (33%), and family or friend (24%).
  - Some groups were **more likely to seek support or advice**, including those whose children have disability (83%), those with a disability (70%), First Nations (52%), single parents (49%), those whose weekly household income was less than \$1,500 (42%), and females (38%).
- The most common **reasons why people did not seek support or advice** was they did not believe the problem was not serious enough (55%); financial constraints (16%); they did not think the services could help (16%); or they did not know who to approach (11%).

### Awareness and use of parenting supports

**Figure 7:** Awareness and attendance of parenting supports and services



**Note:** The second row does not add up to 100%, as it does not show responses of ‘unsure’.

- 83% of parents had **some level of awareness** of child development or parenting services/programs (poor 13.2%, 56.5% fair or good, 13.5% very good or excellent). Of these parents:
  - The **majority (70%) had not attended** any of those services in the previous 12 months. When asked about reasons for not attending: 55% felt they already had enough support, 37% did not think the service would help, 33% did not know who to contact, and 32% indicated there was not an appropriate service nearby.
  - Under a third (28%) had **attended** a service in the previous 12 months. Half (49%) of these parents had attended a playgroup.
- The vast majority (84%) obtained some **parenting information or advice** in the past 12 months. Half (49%) turned to friends or other parents as a source of information/advice, over a third (38%) online sources, a third (30%) extended family, and about a third from a GP (29%).
  - Of those using **online sources**, over half (56%) used parenting information websites, just under half used child health websites (45%) social media platforms (38%), and just under quarter (23%) podcasts.

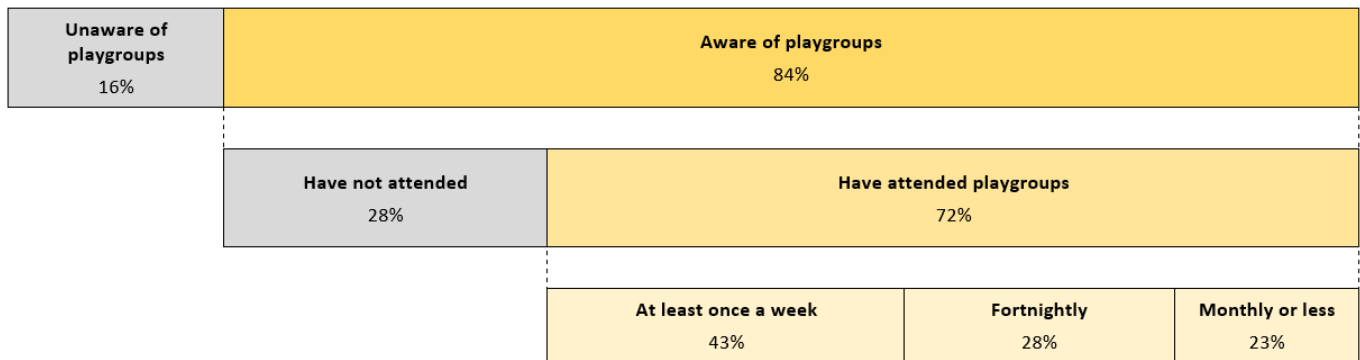


## 2.2.3 Survey with parents and carers about playgroups

A survey of 1,770 parents and carers of a child aged 0-5 years across Australia, conducted by JWS Research in July 2024, considered parental behaviours and preferences regarding playgroups.

### Awareness and use of playgroups

**Figure 8:** Awareness and attendance of playgroups



**Note:** The last row does not add up to 100%, as it does not show responses of 'it varies' or 'unsure'.

- The majority of parents and carers of children 0-5 years have heard of playgroups (84%).
  - Men (75%) and CALD parents (78%) are significantly less likely to be aware of playgroups.
- Of the parents aware of playgroups:
  - 74% are aware of a playgroup in their local area.
  - 72% have actually been to a playgroup.
- Of the parents who have ever attended playgroups:
  - 70% attend playgroups at least fortnightly (or 42% of all parents of children 0-5 years).<sup>vi</sup>
  - 90% consider playgroups to be helpful ('extremely', 'very' or 'somewhat' helpful).
- The main reasons for parents attending playgroups less than monthly are that their children go to childcare (34%), pre-school or kindy (29%), or that they do not have the time to attend (33%).

### Benefits of playgroups

- Among those aware of playgroups, more than 7 in 10 agree that playgroups are a place that parents: make friends in their local community (79%), can strengthen the connections they have with their children (76%), learn about what type of play works best for children (73%), improve their knowledge on what children need to learn and grow (73%), and find out about other local services and support (72%).
- Among those aware of playgroups, more than 8 in 10 agree that playgroups are a place that children: learn how to play and share well with other children (84%), improve their ability to talk with other children and adults (83%), learn new skills (81%), particularly social interaction (96%).

<sup>vi</sup> The data in Figure 7 for 'at least once a week' (43%) and 'fortnightly' (28%) have been rounded, but the net total data adds up to 70%.

## 2.2.4 Focus groups with parents and carers

A series of 26 focus groups with 174 parents and carers of children aged 0-17 years across Australia, conducted by Whereto Research in June 2024, explored experiences of parenting and seeking support with raising children. Group discussions were held face-to-face and online, and included groups of First Nations, CALD and LGBTIQ+ parents, parents of children with disability or developmental concerns, gender diverse children, and those living in growth corridors/regional areas.

### Challenges for families

- Parents feel challenged by day-to-day life and the world feels increasingly complex. Families are time poor, financially stressed, raising children in an increasingly challenging and complex world, and lack social connection and confidence in parenting.
- Parents want connections that help them 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).
- Needs of families differ based on child age, and parents feel as their children get older and more complex, supports are not there. Parents feel burdened by trying to access and navigate services, with most services assuming they have clearly defined needs, and ample time and resources to investigate.
- Many parents have faced racism and discrimination in their lives and still **experience physical, cultural and emotional safety issues** as a barrier to accessing services. Cohorts that have historically been subject to abuse, neglect and discrimination via institutions (such as religious organisations) felt it should be their right to be able to access services without having to engage with these and risk re-traumatisation.

### What 'good' services look like

- Parents and carers preferred services that provide 'right sized' information and are easily findable. They want services that understand their child's needs, how to get support and are adaptive to logistical barriers. This might include concierge services, case management, peer/emotional support.
- There should be flexibility in service delivery options, including being accessible via public transport, free or low cost, available at a time that suits a family's existing schedule.
- It is critical for services to be non-judgmental, and support inclusion without overly calling this out. Across different family circumstances, parents want their children to be safe and happy. Parents from migrant and refugee backgrounds want their children to be welcomed and accepted by Australian society. LGBTIQ+ parents, parents of children with disability, and parent of trans and gender diverse children, want their children to be accepted for who they are without being tokenistic.
- Parents also want 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.
- A key role for services is to support a sense of shared optimism and parenting efficacy, support parents' confidence and connection with other parents and the community, and provide inclusive services that ease, rather than add to parents' burdens.

## Feedback from different cohorts

- **LGBTIQ+** parents reported 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.

“You look out for whether they are using the right language, like if they keep saying mum and dad then where do we go? Do we just sit there and say nothing? Or do we speak up, and then we’re out in front of everyone having to establish our rights, when we’re actually trying to be there for parenting?” *LGBTIQ+ family*

- **CALD** parents reported not feeling sure that services would understand, respect or take culture into account. Other barriers included language barriers, lack of interpreters, concerns around breaches of confidentiality by workers from the same community. Multicultural families expressed interest in culturally specific services.

Having interpreters is good but sometimes you don’t want to say things in front of people from your community because they might know your family and they might talk about your situation to other people. *Refugee family*

- **Parents of children with disability** felt services were less inclusive for children and young people with disability or developmental delay, due to physical inaccessibility and social exclusion. Parents of young children with disability reported difficulties in identifying developmental concerns and connecting with help for this.

I didn’t feel comfortable taking my kid to story time at the library. All the other parents stare at you and judge you. *Parent of autistic child*

- **First Nations families** reported they have mistrust in child, 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, and that there is need for programs to be culturally appropriate, safe and specific programs, including being trauma-informed, co-designed, offered by community-controlled organisations, having strong cultural governance and involvement of Elders.

“Young people when they turn up to these schools and these organisations, they are expected to be different from who they are. There is a need for Aboriginal service providers to be truly delivered through that cultural lens. [...] It is not rocket science that we need to support Aboriginal people through an Aboriginal lens. We know what works, we need another 50 of them across Australia.” *First Nations family*

- **Fathers** from different cohorts expressed they are seeking advice that is tailored to them and delivered by a trusted source, and for that advice to be available sooner.

*Case study:* Craig coaches 3 sports teams and is heavily involved in the local surf life saving club. A calm presence, and good with kids and adults alike, he is often approached for support and advice by other parents. However, Craig acknowledges that he doesn’t always know what supports are out there, and how he might connect other families with help. All the dads in the group reported that their preference is for trusted ‘go tos’ like Craig to be upskilled, rather than rely on them going to a government website to find help.

## 2.2.5 Youth voices: Youth Advisory Group consultation

The Safe and Supported Youth Advisory Group consists of a diverse group of Australians aged between 18 and 25 years old.<sup>39</sup> The Youth Advisory Group provided advice to the department about the availability, accessibility and inclusiveness of parenting and youth services for young people in May 2024.

### Availability of services

- In general, service fragmentation and lack of collaboration can impact young people in terms of attendance and accessibility.
- Mental health services have increasing waitlists and are expensive outside Medicare
- Interim supports are not available when waitlists and age cutoffs are an issue.

### Accessibility and inclusiveness of services

- Barriers to accessing services for young people include:
  - location and transportation, particularly in regional areas
  - inflexible timing, particularly for people attending education
  - administrative 'red tape' including age cut-offs
  - social exclusion, stigma and discrimination especially for young parents
- Involving young people in the design, development and delivery of services can help services adapt to the unique challenges facing young people and changing societal views.
- There is a need for more outreach and "third spaces", where services can provide an alternate space for bringing community together, as young people are increasingly at home / online.

# Appendix A – Program profiles

## Children and Parenting Support (CaPS)

All data is for the 2022-23 financial year.

Funding	\$70.6 million (GST and supplementation exclusive, indexation inclusive)
Aims and objectives	<p>CaPS focuses on providing:</p> <ul style="list-style-type: none"> <li>• early intervention and prevention services aimed at improving children’s development and wellbeing</li> <li>• adjunct care and early learning services</li> <li>• support to those in a parenting/carer role.</li> </ul> <p>Services focus on children aged 0-12 years (but may include children up to 18 as necessary) and their families.</p>
Service types	Services include, but are not limited to, community playgroups, supported playgroups, crèches, school readiness programs, parenting courses, home visiting, counselling, adjunct care, outside school hours care, support services, mobile services and peer support groups.
Priority groups	<p>Children aged 0-12, and young people up to 18 years (who may also be young parents) and their families.</p> <p>Specific groups of vulnerable and disadvantaged children and families who are at risk of poor outcomes. This may include: CALD; First Nations; people with a condition, impairment or disability; residing in rural or remote areas; unable to access 9-5pm service; unemployed/studying/experiencing financial distress; lacking social supports; experiencing mental illness, alcohol or other drug or domestic violence issues; LGBTIQ+.</p>
Clients	100,901
Grants	178 grant activities; 158 organisations
Service Areas	87 SA4s
History / Background	<p>Established in 2014 as part of the ‘New Way of Working for Grants’, CaPS consolidated 7 activities previously funded under the Family Support Program and the Support for Carers Program to reduce service duplication and better align investment to need.</p> <p>In 2015, 5 national services, 140 services in areas where significant numbers of children were identified at risk of poor outcomes, and 71 services in areas where gaps were identified were funded. These services have been extended for different periods since this funding round. In 2023, all 30 services funded under the Budget Based Funded (BBF) program transitioned to the CaPS program due to similarities between the two programs.</p> <p>Non-ongoing CaPS grants (not in scope of this review) have been funded through budget measures, such as increased access to playgroups and toy libraries (2022-23 Budget) and grants to support the Early Years Strategy (2023-24 Budget).</p>

## Communities for Children Facilitating Partners (CfC FP)

All data is for the 2022-23 financial year.

Funding	\$70.8 million (GST and supplementation exclusive, indexation inclusive)
Aims and objectives	<p>Objectives include:</p> <ul style="list-style-type: none"> <li>to improve the health and well-being of families and the development of young children, from before birth through to age 12 years (but may include children up to age 18 years and their families)</li> <li>to create strong child-friendly communities that understand the importance of children and apply this capacity to maximise the health, well-being, and early development of young children at the local level.</li> </ul>
Service types	<p>The CfC FP model includes service principles, built-in evaluation and research, Facilitating Partner and Community Partner (CP) roles, a CfC Community Committee, and the formation of a Community Strategic Plan.</p> <p>Funding can be used for a range of direct service delivery types including: parenting support, group peer support, case management, home visiting, community events, life skills courses, and support for families affected by domestic violence.</p>
Priority groups	<p>CfC FPs fund services that are designed to assist vulnerable children and families in disadvantaged communities, with a particular focus on children at risk of poor outcomes or at risk of abuse and neglect. This includes those who are hard to reach.</p> <p>Priority should be given to: families with children at risk of abuse or neglect; families experiencing disadvantage or vulnerability (including those with CALD backgrounds); and First Nations clients.</p>
Clients	129,682
Grants	52 grant activities; 30 Facilitating Partner organisations (who subcontract CPs)
Service Areas	44 SA4s / 52 sites
History / Background	<p>CfC began in 2004 as part of the Stronger Families and Communities Strategy, initially focused on birth until 5 years, with funding to work in 35 disadvantaged locations across Australia. In 2009 CfC become the CfC FP activity, and inclusive of 2014 reforms, has since expanded to 52 locations and broadened from an early years focus to also include children up to 12 years of age (and sometimes to 18).</p> <p>The Facilitating Partner (FP) plays a strategic facilitation role, acting as a broker in the community, distributing funding, helping with the design of new programs based on community aspirations, developing networks, engaging a CfC Community Committee, facilitating a Community Strategic Plan, assisting in training and learning, reporting and data, and problem solving. The FP then subcontracts direct service delivery to organisations in the community called Community Partners (CPs).</p> <p>CfC FPs are currently required to use 50% of their direct service delivery funding for purchasing evidence-based services. This is met by choosing an existing program from a list of approved evidence-based programs or submitting their own program to AIFS for consideration as a 'promising program'.</p>

## Family Mental Health Support Services

All data is for the 2022-23 financial year.

Funding	\$57.5 million (GST and supplementation exclusive, indexation inclusive)
Aims and objectives	<p>FMHSS aims to improve mental health outcomes for children and young people, and their families. The program has a non-clinical emphasis with community and social workers using community based, family centred approaches.</p> <p>FMHSS provide early intervention support to children and young people who are showing early signs of, or are at risk of developing, mental illness, with the support of their families and carers.</p>
Service types	<p>FMHSS provides flexible, responsive options and participants can expect services to offer the support outlined below:</p> <ul style="list-style-type: none"> <li>• Intensive, long-term, early intervention support for children, young people and their families which may include: assessment and identification of needs; practical assistance and home-based support; linking with other relevant services; and, targeted therapeutic groups.</li> <li>• Short-term immediate assistance for families which may include assessment of needs, information or referrals, and limited support.</li> <li>• Community outreach, mental health education and community development activities which may include: organisation of and participation in community events; and, general group work in the community.</li> </ul>
Priority groups	<p>Highest priority is given to:</p> <ul style="list-style-type: none"> <li>• vulnerable children</li> <li>• young people and their families including those from Indigenous or culturally and linguistically diverse backgrounds</li> <li>• children and families in contact with the child protection system.</li> </ul>
Clients	39,055
Grants	56 grant activities; 51 organisations
Service Areas	70 SA4s
History / Background	<p>FMHSS began in 2015, as part of the Community Mental Health Program under DSS Disability Mental Health and Carers (Outcome 3). Initially 40 organisations were funded a total of \$50.3 million through to 30 June 2017. These organisations delivered mental health early intervention services in 56 high-need areas. FMHSS grants were then extended to 2020 at a value of approximately \$42 million each year through 52 providers in 100 sites nationally. FMHSS became part of the Families and Communities Outcome in 2021.</p> <p>The FMHSS program differs from the Headspace program which also delivers early interventions for mental illness but is a clinical mental health service for mild to moderate mental illness for young people aged between 12 and 25 years old.</p>

# Glossary

**ABS** – Australian Bureau of Statistics

**ACCO** – Aboriginal Community Controlled Organisation

**AIFS** – Australian Institute of Family Studies, an Australian Government Statutory Agency

**Benefit-cost ratio** – The benefit-cost ratio (BCR) is an indicator showing the relationship between the relative costs and benefits of a project, expressed in monetary or qualitative terms. If a project has a BCR greater than 1.0, the project is expected to deliver a positive net present value. If a project's BCR is less than 1.0, the project's costs outweigh the benefits.

**CALD – Culturally and/or Linguistically Diverse** – For the purposes of the review, an expanded CALD definition was used that includes groups not typically included in the existing DEX definition of this cohort. People are counted as CALD in DEX or ABS data if they are either culturally and/or linguistically diverse, which counts clients as CALD if they are diverse on at least one CALD indicator (country of birth or main language spoken at home). One overall CALD category is used, made up of 3 sub-groups:

1. Culturally and Linguistically Diverse – people who speak a language other than English, and are born outside Australia or a mainly English-speaking country
2. Culturally Diverse only – born outside Australia or a mainly English-speaking country, and language is English or unknown
3. Linguistically Diverse only – people who speak a language other than English, who are born in Australia, a mainly English-speaking country or birthplace unknown. This includes children born in Australia who are linguistically diverse, such as second-generation migrants.

Main English-speaking countries include the United Kingdom (England, Scotland, Wales, Northern Ireland), Republic of Ireland, New Zealand, Canada, United States of America and South Africa. The list of main English-speaking countries (MESOC) include countries from which Australia receives, or has received, significant numbers of overseas settlers who are likely to speak English. It is important to note that being from a non-main English-speaking country (non-MESOC) does not imply a lack of proficiency in English.

**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, children and young people are defined as being aged 0-18 years.

**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 AIFS in 'The Guidebook' ([CfC FP evidence-based program profiles](#)) or assessment by AIFS as a "[promising program](#)". 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)

**Goals and Circumstances SCORE** – The following 3 Goals and 5 Circumstances SCORE outcome domains were assessed in the review: changed behaviours, changed skills, changed knowledge, family functioning, age-appropriate development, community participation and networks (except for FMHSS), education and skills training (CfC FP only) and mental health, wellbeing and self-care (FMHSS only).

**Group client reporting thresholds** – Each program has a threshold set for the proportion of total clients that can be reported as 'group' clients, which are unidentified clients where it was not possible to record demographic details.

**Group clients** – Group clients are unknown or unidentified clients. This includes clients attending services in group settings (e.g. community events or activities) where it can be difficult to record demographic details.

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

**Individual clients** – Individual clients are clients that have demographic details recorded, such as age, First Nations status and gender.

**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.

**Non-clinical group counselling** – Non-clinical counselling refers to interventions that are in a community setting, facilitated by non-specialists and with non-clinical participants. The interventions are short-term (6–12 sessions), involve early intervention and prevention, crisis intervention, psychoeducation skill building and promote good mental health through information, education, screening and support.

**Parenting programs** – Parenting programs were defined as any program that provides direct or targeted education, training, coaching or support to primary caregivers of children between 0–12 years. Parenting programs can be designed for the general population of parents (universal programs) or for a specific population group or type of family (targeted programs). The timing of the program is generally in prevention (designed to prevent or reduce the risk of negative outcomes) or early intervention (support families at risk of negative outcomes).

**Peer support** – Peer support is about giving and receiving help in dealing with different types of social circumstances, emotional challenges, or health issues. It is a flexible and responsive intervention model used with diverse groups of people. It can be delivered one-on-one or in a group setting. Peer Support programs can be funded by DSS in the FaC Activity for two groups: parents of children and young people; and children and young people.

**Playgroups** – Playgroups are community-based groups that meet regularly to bring together young children (0–5 years) and their parents or caregivers for opportunities to play, learn and for social activities. Playgroups are generally regarded as being organised by local communities and independently run by parents or volunteers (community playgroup) or organised to support young children and families with specific needs or vulnerabilities and that are led by a paid facilitator (supported playgroup).

**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.

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).

**SASF** – Stronger ACCOs (Aboriginal Community-Controlled Organisations) Stronger Families. See section 1.5.2.

**SA4 (Statistical Area 4)** – ABS geographic classification. Statistical Area Level 4 (SA4s) are the largest sub-state geographic regions, as defined by the Australian Statistical Geography Standard. Most SA4s have a population above 100,000 people.<sup>40</sup>

**School readiness** – School readiness for children 0-5 years is about whether a child is ready to learn and develop in a school environment and includes whether support to the child is provided by the school and family. In Australia school readiness is assessed in terms of physical health and wellbeing, social competence, emotional maturity, language and cognitive skills, communication skills and general knowledge.

**Targeted services** – Targeted services are those aimed to provide access for specific cohorts of clients, for example specific disadvantaged groups.

**Universal services** – Universal services are not targeted but available for all to access.

# Endnotes

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- <sup>12</sup> Australian Bureau of Statistics (2011, 2021) Age (AGEP) by Family Composition (FMCF) [Census of Population and Housing TableBuilder], accessed August 2024.
- <sup>13</sup> Australian Bureau of Statistics (2011, 2021) Age (AGEP) by Family Blending (FBLF) [Census of Population and Housing TableBuilder], accessed August 2024.
- <sup>14</sup> Australian Bureau of Statistics (2011, 2021) Age (AGEP) by Family Blending (FBLF) [Census of Population and Housing TableBuilder], accessed August 2024.
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- <sup>17</sup> Australian Bureau of Statistics (2011, 2021) Age (AGEP) by Relationship in Household (including grandchildren) (RLGP) and Same-Sex Couple Indicator (SSCF) [Census of Population and Housing TableBuilder], accessed August 2024.
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<sup>33</sup> Access Economics, '[Positive Family Functioning: Final Report](#)'.

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