

Appendix A - Discussion Questions

Introduction

Ishar Multicultural Women's Health Services welcomes the opportunity to comment on the proposed "New Approach to Programs for Families and Children" as a specialist multicultural women's health organisation delivering an integrated suite of early years, parenting and family strengthening services in Perth's north and south metropolitan corridors. Within this portfolio, several programmes have been directly funded through Communities for Children in recent years, including Neighbourhood Mothers, Raising Thriving Children, Fostering Integration, Bringing Up Great Kids, and the Perinatal Mental Health Programme, which together have formed a coherent continuum of culturally safe support for mothers, infants and young children.

Ishar programmes work in tandem across prevention, early intervention and more intensive family support. Collectively, they demonstrate how the Communities for Children investment has enabled Ishar to address the social determinants of health and to intervene early with CaLD families who might otherwise only have come to attention through crisis services, child protection or emergency departments.

As the only dedicated multicultural women's health service in Western Australia, and with a planned merger with Multicultural Services Centre WA that will create a broader multicultural one stop shop, Ishar is well placed to show how CfC funded parenting and perinatal mental health programmes incorporating the Bringing Up Great Kids model, can be embedded within an integrated hub model. This submission therefore responds from a whole-of-organisation perspective, using the current CfC funded Neighbourhood Mothers, Bringing Up Great Kids and the Perinatal Mental Health Programme as concrete examples of how the proposed reforms can support better outcomes for children and families in multicultural communities.

Vision and outcomes

Does the new vision reflect what we all want for children and families?

Are the two main outcomes what we should be working towards for children and families? Why/why not?

Outcome 1: Parents and caregivers are empowered to raise healthy, resilient children. Outcome 2: Children are supported to grow into healthy, resilient adults.

Yes. The new vision and the two outcomes do reflect what Ishar, and CaLD families more broadly, want for children and families in Perth. They mirror Ishar's own vision of "inspiring women, families and communities" and the way services are already organised around strong, confident caregivers and thriving children, especially in Communities for Children work.

Outcome 1 - Parents and caregivers

Outcome 1 ("Parents and caregivers are empowered to raise healthy, resilient children") fits very well with Ishar's portfolio. Programmes such as Neighbourhood Mothers and the Perinatal Mental Health Program incorporating the Bringing Up Great Kids model are specifically designed to:

- Respond in a culturally appropriate manner - e.g programs are co-designed with input from CaLD families to ensure cultural safety and relevance.*
- Build parenting skills and understanding of child development in the Australian context.*
- Strengthen parental mental health, social support and confidence, particularly for migrant and refugee mothers experiencing isolation, trauma or family and domestic violence.*

For CaLD families, "empowerment" also means being able to access interpreters, navigate complex systems and exercise choice despite visa and financial stressors, which these

programmes actively address.

Outcome 2 - Children over the life course

Outcome 2 (“Children are supported to grow into healthy, resilient adults”) is also appropriate and aligns with Ishar’s multilayered work with children and young people. Our Communities for Children funded programmes already contribute to:

- Secure early attachment, safety from violence and good physical and emotional health in the first years.*
- Better readiness for school, stronger peer relationships and, later, engagement with youth services that promote wellbeing and safety.*
- Long-term resilience, visible in initiatives such as Child-Parent Psychotherapy that sit within the perinatal programme and in our Bringing Up Great Kids parenting groups that help mothers understand their children’s development, emotions and behaviour.*

Recommended refinement from a CaLD perspective

Ishar recommends refining the vision by explicitly naming CaLD families, including those who are on temporary visas, as being entitled to equitable access to culturally safe supports. This ensures the outcomes reflect the lived realities of CaLD communities, making those often overlooked visible, and affirming that every parent and child, regardless of background or status, is supported to thrive.

Program structure

Will a single national program provide more flexibility for your organisation?

Does the service or activity you deliver fit within one of the three funding streams? Do these streams reflect what children and families in your community need now - and what they might need in the future?

Are there other changes we could make to the program to help your organisation or community overcome current challenges?

A single national programme with three streams would provide substantially more flexibility for Ishar. It would reduce fragmentation across multiple small grants and allow joined up planning, staffing and outcome reporting across women's health, mental health, settlement, youth and family and domestic violence (FDV) services for CaLD families.

Fit with the three funding streams

All the Communities for Children activities and related services fit clearly within the three proposed streams and reflect current and emerging needs of children and families in Perth's multicultural communities.

- *Stream 1 - National programmes and information services*
Ishar already delivers large scale health literacy and community education, including Health in My Language, Screening Saves Lives, Healthy Food, Healthy Cultures, cultural competency training (Let's Talk Culture) and FDV/community education, thus supporting parents and services across WA and beyond.
- *Stream 2 - Prevention and early intervention*
This is where Ishar's Communities for Children funded work sits most strongly: Neighbourhood Mothers, Bringing Up Great Kids, and the Perinatal Mental Health Program strengthen parenting, attachment, health literacy, and service navigation. Other services include women's health clinics, midwifery, youth education, lifestyle and carers' groups.
- *Stream 3 - Intensive family supports*
This is Ishar's strength. Ishar delivers FDV casework, counselling, CPP with high risk families, outreach into refuges, and intensive settlement casework. Perinatal social work often operates here as mothers face crises such as housing stress, FDV, financial hardship, and visa related issues that directly impact children's safety and wellbeing.

These services show Ishar's person-centred approach to CaLD families' differing needs. Support is tailored and culturally safe, combining parenting education, perinatal mental health, social work, FDV responses, and practical assistance. Continuity of care allows workers to follow families as needs shift, ensuring crises are addressed so children can grow in stable, resilient environments.

Why a single programme would improve flexibility

For Ishaar, a single programme would:

- *Enable one integrated contract spanning health, FDV, mental health, and settlement responses.*
- *Allows workers to follow families as needs shift between Streams 2 and 3.*
- *Support holistic practice, combining parenting education, perinatal mental health, social work, FDV support, and practical assistance.*
- *Address crises (housing, financial hardship, FDV) that otherwise prevent families from engaging in parenting programs and undermine child wellbeing.*

Changes that would better address current challenges

Several adjustments to the programme design would help Ishaar and similar services respond more effectively:

- *Multi-stream contracts: Allow integrated providers like Ishaar to hold a single contract across Streams 1-3.*
- *Explicit perinatal/early parenting substream: Recognise perinatal and attachment work as essential, funding both groups and individual support.*
- *Socioeconomic determinants: Permit funding for housing advocacy, financial counselling, and FDV safety planning alongside parenting education.*
- *Neurodevelopmental needs: Include scope for timely assessment and referral pathways for intervention of disability support services (e.g., autism), addressing barriers CaLD families face.*
- *CaLD and visa-related vulnerability: Name CaLD families in eligibility guidelines and recognise interpreter/bicultural worker costs in budgets.*

With these refinements, a single national programme would give Ishaar the flexibility to continue delivering DSS activities as part of a genuinely holistic response that addresses both parenting and the structural conditions, housing, poverty, FDV and access to early intervention, that determine whether children can grow into healthy, resilient adults.

Prioritising investment

Do you agree that the four priorities listed on page 4 are the right areas for investment to improve outcomes for children and families?

Are there any other priorities or issues you think the department should be focussing on?

Yes. The priorities are the right areas for investment and align well with Ishar's work and with what CaLD families in Perth are asking for: early support, joined up services and community driven design.

Fit with the four priorities

The current priorities already match what Ishar sees on the ground:

- Invest early to improve family wellbeing: Neighbourhood Mothers, Bringing Up Great Kids and the Perinatal Mental Health Programme all focus on pregnancy, infancy and early childhood, supporting parents before issues escalate into child protection or crisis services.*
- Connected, co-located and integrated services: Ishar's hub model (women's health, mental health, FDV, youth and settlement under one roof, with strong partnerships) shows how joined up support improves access and outcomes for CaLD families.*
- Services informed by, and responding to, community need: programmes are continually adapted based on feedback from refugee and migrant women (for example, expanding south of the river, Afghan women's groups, nutrition and youth projects) and are delivered in multiple languages with interpreters.*
- Improving outcomes for Aboriginal and Torres Strait Islander children and families: Ishar supports a strong ACCO-led system and has experience partnering in FDV hubs and yarning circles that build relationships between Aboriginal and CaLD women.*

Additional priorities and issues

From Ishar's perspective, several extra priorities should be explicitly recognised:

- Housing, financial hardship and FDV: These are core children's issues undermining parental mental health and child safety. Investment must link parenting and perinatal work with social work and advocacy to stabilise families.*
- CaLD families and visa related vulnerability: Refugee, migrant, and temporary visa families face barriers to services and are overrepresented in poverty and homelessness. They should be named as a priority group, with funding that covers interpreter and bicultural workforce costs.*

- *Neurodevelopmental needs: CaLD families struggle to access timely assessment and intervention for autism and other developmental concerns. Investment should support navigation, advocacy, and culturally safe information.*
- *Integrated perinatal and early parenting support: The first 1,000 days are critical. Perinatal and early attachment work should be a named sub-priority, with flexibility to fund both group and individual supports.*

Embedding these additional priorities within the existing four would better reflect the realities facing CaLD families in Perth and strengthen the contribution that DSS can make to outcomes for children and families.

Improving family wellbeing

Do the proposed focus areas - like supporting families at risk of child protection involvement and young parents - match the needs or priorities of your service?

Are there other groups in your community, or different approaches, that you think the department should consider to better support family wellbeing?

Yes. The proposed focus areas, including families at risk of child protection involvement and young parents, match the needs and priorities seen across Ishar's services. They align with the complex realities of refugee and migrant families in Perth, where unaddressed stressors can quickly escalate into safety concerns and child protection involvement.

Fit with proposed focus areas

Supporting families at risk of child protection involvement reflects the work Ishar already does through FDV and perinatal mental health social work, and parenting programmes such as and Bringing Up Great Kids. Many mothers accessing Ishar supports are dealing with housing insecurity, financial hardship and FDV, and without early, culturally safe intervention these stressors can lead to statutory involvement and family breakdown. A focus on young parents is also appropriate, as Ishar's data show large numbers of young CaLD women and new mothers engaging with women's health, midwifery, perinatal mental health, youth services and parenting groups, often without extended family support in Australia.

Other groups and approaches to consider

Several additional groups and approaches would strengthen the family wellbeing focus in multicultural communities:

- Refugee and humanitarian entrant families, and families on temporary or bridging visas, who experience high rates of trauma, overcrowded or substandard housing, food insecurity and unstable income; these are the most common support needs addressed by Ishar's social workers and are closely linked to maternal mental health and children's safety.*
- CaLD families caring for children with neurodevelopmental conditions (such as autism), who struggle to access timely assessment and early intervention because of language barriers, low health literacy and long mainstream waiting lists; this is an emerging trend highlighted in Ishar's work, including projects on neurodisability in CaLD children and youth.*
- Approaches that fund a suite of interventions around the child (individual social work, FDV support, legal and housing advocacy, perinatal and other mental health, parenting groups and practical assistance) rather than narrowly funding parenting education alone, reflecting Ishar's experience that it is not possible to focus on parenting skills when a family is about to lose housing or is living with ongoing violence.*

Naming these groups and allowing for holistic, multidisciplinary responses would better support family wellbeing in line with the outcomes sought in the government paper.

Connected, co-located, and integrated services

What are other effective ways, beyond co-location, that you've seen work well to connect and coordinate services for families?

What would you highlight in a grant application to demonstrate a service is connected to the community it serves? What should applicants be assessed on?

Co-location is not necessarily a reliable indicator of genuine connection with the community an organisation serves. For example, an organisation seeking to work with CaLD communities should be assessed instead by measures such as:

- *the number of CaLD clients it supports each year,*
- *the partnerships it maintains with other not-for-profit organisations,*
- *the referrals it receives from government agencies (including police, health services, and the justice system), and*
- *the formal partnership agreements it holds with other service providers delivering to the community.*

Beyond co-location

Effective strategies Ishaar uses to connect and coordinate services include:

- *Warm, supported referrals and shared care: social workers, midwives, youth workers, psychologists and bi cultural health educators routinely coordinate joint appointments, three way calls with interpreters and case conferences with hospitals, schools, police, legal and settlement services so families do not have to navigate alone.*
- *Outreach into trusted settings: parenting, health and FDV education delivered in TAFEs, schools, community centres, refuges, women's groups and neighbourhood programmes (e.g. Neighbourhood Mothers) builds bridges between home, community and formal services.*
- *Multidisciplinary, trauma-informed practice: teams that combine social work, psychology, midwifery, medical, youth and settlement expertise can respond quickly when risk escalates (e.g. FDV, homelessness, child protection risk) and wrap support around a family, rather than handing them off between siloed services.*

What to highlight in a grant application

To show a service is genuinely connected to its community, Ishaar would highlight:

- *Community reach and diversity: numbers of clients, languages, ethnicities and interpreter assisted contacts, demonstrating that CaLD families actually use and trust the service.*

- *Co-design and feedback: examples of programmes being adapted or created in response to client and community feedback, and advisory or reference groups with community members.*
- *Partnerships and pathways: MOUs or regular collaboration with hospitals, Community and Adolescent Health Services (CAHS) Refugee Health Service, schools, WA Police, refuges, legal services and other NGOs, including examples of shared projects or joint education.*
- *Cultural safety infrastructure: use of female only spaces, bicultural staff, interpreters, culturally tailored resources and training provided to mainstream services.*

Applicants should be assessed on:

- *Evidence of trusted relationships and partnerships, not just a list of logos.*
- *Demonstrated use of interpreters and bicultural workers and accessibility for CaLD families.*
- *Clear referral pathways and shared care practices with other key services.*
- *Community voice and co-design, including how feedback has changed service delivery.*
- *Ability to respond holistically to housing, financial hardship, FDV, mental health and developmental needs, rather than delivering a single, isolated activity.*

Responding to community need

Beyond locational disadvantage, what other factors should the department consider making sure funding reflects the needs of communities?

What's the best way for organisations to show in grant applications that their service is genuinely meeting the needs of the community?

Beyond locational disadvantage, funding needs to reflect who lives in each community, what barriers they face, and which services they actually trust and use. For Ishar, this means looking at settlement patterns, cultural and language diversity, visa status, and socioeconomic stressors alongside postcode data.

Factors to consider beyond location

Key factors the department should consider include:

- *Cultural and language diversity: Proportion of people born overseas, languages spoken at home, and interpreter demand; Ishar's clients come from more than 100 cultural backgrounds, with interpreters used across at least 44 languages each year.*
- *Migration and visa profile: Concentrations of humanitarian entrants, temporary and bridging visas, and mixed status families, as these strongly influence eligibility for Medicare, income support and mainstream mental health and disability services.*
- *Socioeconomic and housing stress: Data on overcrowding, rental stress, homelessness risk and food insecurity, which are major drivers of need seen across Ishar work.*
- *Service gaps for CaLD specific supports: Mapping where there is no multicultural women's health, CaLD specific FDV, youth or mental health provision, or where interpreters are rarely used.*
- *Emerging needs: Evidence of increased presentations related to neurodevelopmental conditions, trauma, cost of living pressures and family separation, particularly in refugee and migrant communities.*

Showing a service is meeting community need

In grant applications, organisations can demonstrate this best by combining data, community voice and clear examples of adaptation. Useful elements include:

- *Client and interpreter data: Numbers and proportions by language, ethnicity, visa type, age and suburb, plus interpreter usage, to show who is actually being reached (for example, 10,788 CaLD women, 19,705 services and 535 interpreter assisted appointments in a year at Ishar).*
- *Evidence of co-design and feedback: Describing how programmes have been created or changed in response to client feedback, advisory groups and local evidence.*
- *Documented service evolution: Concrete examples of expanding services in response to identified gaps.*
- *Partnerships and referrals: Clear descriptions of referral pathways and joint work with hospitals, Community and Adolescent Health Services, Refugee Health Service, schools, WA Police, refuges, legal and settlement services, showing that the service is integrated into the local system, not operating in isolation.*
- *Outcome and case data: Short, de-identified case studies and simple outcome data that show how interventions have improved safety, mental health, parenting confidence and children's wellbeing.*

Assessment should look for this combination of quantitative reach, depth of engagement with

priority groups (including CaLD and visa-vulnerable families), and a clear track record of adapting services when community needs change.

Improving outcomes for Aboriginal and Torres Strait Islander children and families

How could the grant process be designed to support and increase the number of ACCOs delivering services to children and families?

What else should be built into the program design to help improve outcomes for Aboriginal and Torres Strait Islander children and families?

Ishar is not funded to provide specialist Aboriginal services (apart from access to a psychologist and GP), so is not well-placed to give detailed advice on how grants for Aboriginal Community Controlled Organisations should be designed. However, Ishar strongly supports ACCOs being the preferred providers for Aboriginal and Torres Strait Islander children and families, with mainstream and multicultural organisations contributing only as respectful partners when invited.

Ishar works collaboratively as consortium members of FDV Hubs that have ACCO leadership, contributing CALD-specific health and FDV expertise in ways that complement and respect Aboriginal-led approaches. In recent years, Ishar has run yarning circles that bring Aboriginal Elders together with migrant and refugee women. Any future role for Ishar in this area should remain clearly secondary to, and guided by, ACCO leadership, with the safety and wellbeing of Aboriginal and Torres Strait Islander children as the paramount consideration.

Measuring outcomes

What types of data would help your organisation better understand its impact and continuously improve its services?

What kinds of data or information would be most valuable for you to share, to show how your service is positively impacting children and families?

If your organisation currently reports in the Data Exchange (DEX), what SCORE Circumstances domain is most relevant to the service you deliver?

What kinds of templates or guidance would help you prepare strong case studies that show the impact of your service?

For Ishar, we believe that outcomes need to show who is being reached, what has changed, and what barriers remain particularly for families from CaLD backgrounds. This means capturing not only service outputs but also the equity of access and the lived experiences of children and families navigating settlement, language and cultural safety.

Data to understand and improve impact

Most useful would be:

- Reach and equity data: numbers detailed by age, language, visa type, suburb and program. Also, interpreter use and referral pathways to show families are accessing services in culturally safe ways and whether language needs are being met.*
- Simple pre/post indicators: brief tools (in Easy English and key languages) on parenting confidence, parental mental health, safety from FDV, social connection and housing/financial stability.*
- Patterns of repeat use: how often families return and which combinations of groups, social work, FDV, mental health and settlement support they use, given rising complexity. This helps identify rising complexity and shows how families are weaving together multiple supports to meet their needs.*

Data to share about positive impact

Most valuable to share would be:

- Aggregated outcome data showing improvements in parental mental health, parenting confidence, safety, housing stability, and parent-child relationships.*
- Short, de-identified case vignettes showing how integrated DSS activities have helped mothers move from crisis (housing stress, FDV, poor mental health) to greater stability and availability to their children.*

Relevant SCORE Circumstances domains

- Family functioning*
- Mental health, wellbeing and self-care*

- *Community participation and social connectedness*
- *Housing and material wellbeing*
- *Safety*

Helpful templates and guidance

Helpful supports would be:

- *A 1–2 page case-study template with prompts for context, supports provided, outcomes for children and parents, and remaining structural barriers.*
- *Clear de-identification guidance tailored to small CALD communities.*
- *A few sample case studies showing the expected length and outcome focus.*

Working together

What does a relational contracting approach mean to you in practice? What criteria would you like to see included in a relational contract?

What's the best way for the department to decide which organisations should be offered a relational contract?

Is your organisation interested in a relational contracting approach? Why/why not?

Relational contracting means a long-term partnership focused on shared outcomes, with flexibility to adapt services and joint data review. Criteria should include outcome track record, governance, community trust and cross-sector collaboration. The department should assess performance history, accreditation, and partnerships.

Ishar is interested because it matches our integrated work across health, FDV and settlement. A relational contract would also support the planned Ishar-MSA WA merger as a larger multicultural one-stop shop.

Other

Is there anything else you think the department should understand or consider about this proposed approach?

The department should understand that direct funding to agencies such as Ishaar, which specialise in supporting CaLD communities, is cost-effective, resource-efficient, and produces stronger outcomes. Between 2004 and 2014, Ishaar was funded directly to deliver perinatal mental health and family support services. This model gave Ishaar the flexibility to respond to CaLD families across the Perth metropolitan area without catchment restrictions, and to tailor services to the specific demographics and needs of the community.

By contrast, under the current funding received through CfCs, catchment boundaries limit access for CaLD families. It is a sensitive and often distressing issue to explain to families that living in certain suburbs excludes them from services. In addition, being auspiced by a third party is not cost-effective, as significant time and resources are diverted to administrative requirements such as contract reviews, variations, and multiple meetings.

Mainstream organisations are not positioned to deliver services in ways that reflect the lived realities of CaLD communities. Ishaar, by contrast, provides a range of services under one roof, enabling families to access holistic, culturally responsive support that meets their diverse and interconnected needs. Direct funding to Ishaar would allow for more efficient service delivery and better outcomes for CaLD children and families.

For CaLD families seen through Ishaar's Communities for Children work, parenting and child outcomes cannot be separated from housing insecurity, financial hardship and family and domestic violence; funding and KPIs need to recognise that social work to stabilise these issues is core child-wellbeing work, not an optional add-on. Secondly, as demand and complexity grow, national settings should explicitly value multicultural hubs and, in time, the planned Ishaar-MSCWA one-stop shop as essential infrastructure for equitable outcomes, with resourcing that reflects interpreter use, bicultural workforce needs and repeated, episodic support for the same families over many years.

