



*everyone's family*

**The Smith Family**

**Submission on the Department of Social Services Discussion Paper  
Stronger Outcomes for Families, *June 2018***

**August 2018**

Wendy Field  
Head of Policy and Program  
Level 9, 117 Clarence Street  
GPO Box 10500  
Sydney NSW 2001

Phone: 02 9085 7192  
Email: [wendy.field@thesmithfamily.com.au](mailto:wendy.field@thesmithfamily.com.au)

## Context

Department of Social Services is seeking feedback on the Stronger Outcomes for Families Discussion Paper (the Review), June 2018. The discussion paper aims to engage the sector and the wider community in reviewing the five programs under the Families and Children Activity (FaC). The review will influence the funding distribution of approximately \$217 million across five programs from July 2020 onwards. The five programs in- scope for the discussion paper are:

- Communities for Children Facilitating Partners
- Family and Relationship Services
- Children and Parenting Support
- Intensive Family Support Service, and
- the Home Interaction Program for Parents and Youngsters

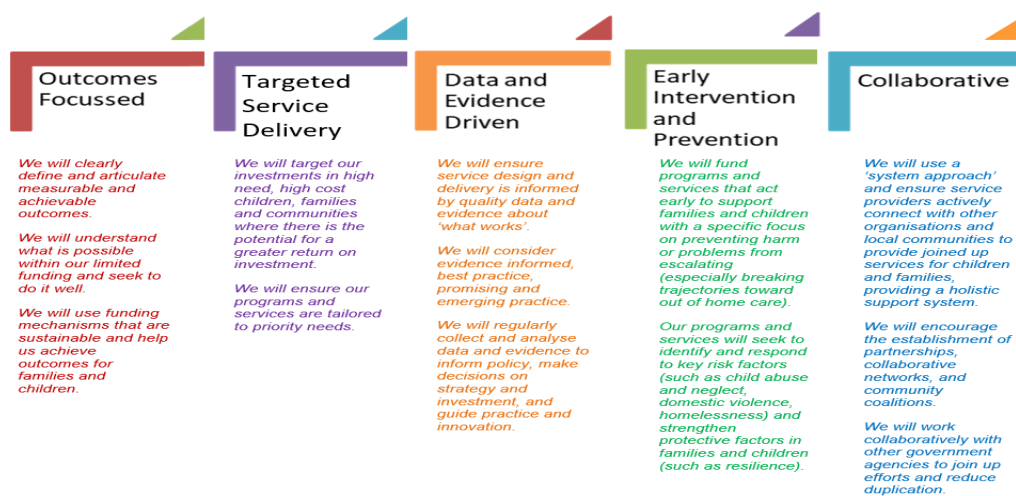
## Relevance to The Smith Family

As Australia's largest national education-oriented charity, The Smith Family support disadvantaged Australian children to participate fully in their education, giving them the best chance at breaking the cycle of disadvantage. Our work focuses on Australian children in families and communities where we know it's harder for them to fully participate in their education without some help. Our programs intersect with the wider service system and the Review will influence the support for families available in the 94 communities that we have a presence in.

In addition, The Smith Family is the facilitating partner for nine *Communities for Children Facilitating Partner* (CfC FP) sites across Australia. We sub-contract sixty-one community agencies to deliver early intervention and prevention support to families and children in these communities. The Review will have direct impact on the services provided through CfC FP and the outcomes achieved for families and children in these communities.

## Stronger Outcomes for Families: Proposed Principles

Feedback is sought on the proposed five principles that would guide and shape future decisions relating to FaC programs. These are:



---

## Principle 1: Outcomes Focussed

The three outcomes proposed are:

- **Families and children are safe and well:** families, children and young people have their needs met and a positive, safe and nurturing environment,
- **Families and children are strong and resilient:** families, children and young people have the ability to develop and maintain good relationships, and
- **Children are ready to learn:** families, children and young people have the capability to learn and be school ready.

### Questions:

#### ***Do these three outcomes encompass the most important outcomes for families and children that you see? Why/Why not?***

The proposed long-term outcomes encompass important areas of focus within the Commonwealth's constitutional responsibility. If achieved, they are fundamental milestones to achieve positive life outcomes for children and young people. However, as set out here, these statements read more as areas of focus or intent rather than measurable outcomes. It is assumed that they would be underpinned by a rigorous theory of change approach and mapping of shorter-term programmatic outcomes and comprehensive indicators/measures. According to Australian Institute of Family Studies (AIFS,) outcome statements should be reasonable, realistic, specific and measurable, important, supported by evidence, change statements<sup>1</sup>. The descriptors after the outcome statement are generic and open to interpretation.

As focus areas (rather than outcomes per se), they are broad enough not to restrict an approach to identifying contextual, cohort specific or place specific issues and assets, important in enabling responsive, rather than prescribed approaches.

The outcome ***Children are ready to learn*** could be read as emphasising formal school-based learning, omitting broader cognitive development and transitions related to learning.

In reality, many of the families who require extra support, or who are not thriving, experience multiple, complex and compounding issues that impact on their capacity to function across a range of areas. Measures that focus on siloed jurisdictional responsibility are unable to encompass the complexity of everyday life for many families. For this reason, we recommend consideration of how longitudinal measures can be established that cover broad based issues inherent in the concept of social inclusion, at a population, and sub-population (place based) level, particularly in disadvantaged areas.

#### ***Do the outcomes in your service or organisation align to the ones proposed?***

Yes, the proposed outcomes do align with The Smith Family's outcomes.

The Smith Family supports children and young people to participate more fully in their education by providing innovative, evidence-based programs and emotional, practical and financial support throughout their schooling and tertiary education. Our approach is early intervention, preventive and emphasises long-term support.

---

<sup>1</sup> CFCA 2018 Expert Panel Project: Outcomes Measurement and Evaluation Workshop  
*Australian Institute of Family Studies*

Around 42,000 students are supported each year on the '*Learning for Life*' Program. Tracking the individual progress over time of students on the program is key to assessing its effectiveness. Each student on *Learning for Life* has a unique student identifier which enables their progress to be monitored. Data on a range of short-term outcomes is collected, such as increases in students' reading ability, motivation, confidence and knowledge of careers and post-school pathways. **The focus on both cognitive and non-cognitive outcomes** is important given research shows the contribution both make to long-term educational success.

The short-term outcomes are the foundations for achieving three key longer-term outcomes, which The Smith Family has been tracking since 2012. These are:

1. School attendance (**Attendance Rate**)
2. School completion (**Advancement Rate**)
3. Post-school engagement in employment, education and training (**Engagement Rate**).

There are strong links between attendance, achievement, school completion and participation in employment and further education, post-school. These are important outcomes for the long-term economic and social wellbeing of young people and for national productivity and **social cohesion**.

The Smith Family is the facilitating partner for nine CfC FP sites. These are: Raymond Terrace CfC FP, Bankstown CfC FP, Fairfield CfC FP in NSW; Townsville West CfC FP and Rockhampton in QLD; Brimbank CfC FP in VIC; Katherine Region CfC FP in NT; Kwinana and Mirrabooka CfC FP in WA.

The objectives of the CfC FP program very much align with the proposed outcomes. In addition, CfC FP aim to support transitions that lead to better engagement in learning. CfC FP also takes a child-centric ecological model of child development and encourages the creation of child friendly communities as important outcome for families and children to thrive in a community.

### ***How long would it take you to adjust your services to achieve these outcomes?***

The Smith Family outcomes and the outcomes of CfC FP are already aligned with the proposed outcomes. There is no inherent dichotomy or inconsistency to overcome between the proposed outcome and our Organisational or service outcomes.

As facilitating partner, we sub-contract 61 Organisations to provide a range of services to families and children in these communities. Each of these Organisations is a Community Partner because they are working towards improving outcomes for families and children. However, the way Organisations define and measure outcomes differs extensively. CfC FP has the ability to invest in the capabilities of the Partner Organisations to better understand Outcomes measures, focus on '**Effect**' along with '**Effort**', and create activity outcomes that clearly contribute to the broader programmatic outcomes.

However, the alignment of Outcomes requires changes not only in practice and process but also a culture change. This takes time and while much progress has been made on this front over the past decade, the time required to embed the changes will depend on the investment in sector work force, technology and shared understanding of indicators of outcomes achievement.

---

## Funding

Instead of funding based on specific programs DSS could provide funding under three streams:

- **Universal** – provides opportunities for all families and children to seek help and access information, advice and education to address issues before they escalate or become entrenched.
- **Targeted** – provides more intensive, and where necessary, frequent and sustained support for children and families experiencing vulnerability or multiple complex risk factors.
- **Place-based** – provides funding to communities experiencing disadvantage to deliver community-driven, collaborative responses to address local problems impacting the wellbeing of children and their families.

## Questions

### What do you think about splitting funding based on needs?

The three streams proposed above make some sense in the context of consideration of how any program funded to support stronger outcomes for families will overlay and interface with existing service system. In practice, all distribution of funding should take some account of the resources currently available to address need in a location, and to addressing service gaps or identifying solutions to prevent or address issues. The Smith Family believes that services for young children and their families should be effective and efficient and clearly focussed on improving outcomes for the whole population, as well as addressing those most in need. In addressing this aim, an important consideration is to ensure that children and families have timely access to the types of services they need. Our experience supporting over 120,000 children and young people from disadvantaged families demonstrate that these children and their families very often have complex needs and complicated lives.

As an example: Families with young children may traverse between prevention (eg: antenatal) early intervention (parenting programs, supported playgroups) to tertiary support (eg: emergency welfare, housing crisis). Similarly, universal programs can help participation of *at-risk* families by being non-stigmatising and inclusive. Targeted programs that scaffold on universal access can lead to sustained participation of more vulnerable families.

It is important not to assume that providing services targeted to high-needs cohorts or groups will automatically lead to their take-up of those services. 'Access' issues are different to the issues that place vulnerable cohorts at risk: "Targeting programs of itself does not eliminate barriers to access – barriers such as the stigma associated with some programs continue to affect families. Targeting alone, then, does not flatten the social gradient overall and improve child outcomes across the whole population.<sup>2</sup>

Acknowledging the widening gap between advantage and disadvantage, and noting it is more and more related to locality, the next step is building a strong foundation of knowledge within and across the sector and across governments of the indicators of disadvantage; not

---

<sup>2</sup> Human Early Learning Partnership (HELP). (2011) Policy Brief: Proportionate Universality. *British Columbia: University of British Columbia*

just the outcome indicators but the risk and protective factor indicators that lead to those adverse outcomes.

Therefore, splitting funding based on needs require a client specific approach. A more client/user-centric model of funding would lead to a more cohesive service system response to the 'need' identified by the client and a solution that is co-designed with the client.

### **Do you think the three proposed streams are the best way to achieve this? Do you have a different idea for how funding could be split?**

As stated previously, the three proposed streams are not mutually exclusive. Funding across these three streams should be tested through the lens of prevention science. An in-depth analysis of protective and risk factors for families and children in a community could help in identifying protective and risk factors that could be reduced or promoted through universal service delivery, and then ensure targeted service delivery links to these identified protective and risk factors, so that referral mechanisms/pathways are appropriate and effective.

Universal and targeted streams are interconnected. Effective early intervention and prevention services takes a universal approach but have targeted engagement and participation of specific vulnerable clients.

Place based is an overarching approach that can encompass both universal and targeted streams. Place based approaches such as CfC FP work by identifying the protective and risk factors within the place that impact on outcomes for the particular client group, in this instant, families and children birth to 12 years. Place based service delivery also builds on other services already in the community and addresses gaps rather than duplication.

Funding should emphasise the approach rather than siloed streams. Funding could also be Outcomes specific. It is important that the funding split encourages systemic linkages rather than isolated, distinctly different and difficult service pathways for families within the same community.

A key issue in consideration of distribution of funding in Australia remains a lack of high-quality evaluations of Place Based Initiatives. As noted by AIFS, the causal effects and cost-effectiveness of programs have rarely been evaluated and an understanding of the precise mechanisms of "what works" is lacking. Significant learnings could be generated to improve policy design and cost savings to the community if there were investment in such evaluations. There is an opportunity to enhance the evidence base, and the evidence generated can enhance the efficiency and effectiveness of service delivery to some of the most disadvantaged communities in Australia.

### ***If you are a service provider, what has been the easiest funding process for you to participate in? Why?***

Applying for the Communities for Children FP restricted tender in 2010/11 was noticeably easier than other funding submission because:

- It was a restricted tender and The Smith Family was invited to apply for the grant based on our performance as the Facilitating Partner in seven other CfC FP sites.
- The Department had already undertaken due diligence in terms of our Organisational capability and we only needed to demonstrate our understanding of the community, the clients in the community, local stakeholders and our ability to create systemic change.

- Our deep understanding of the place (community) made it easy to be specific and evidence based in our response.
- The selection criteria was clear and succinct. The time provided for completing the application was sufficient.

***If you are a service provider, what has been the most difficult funding process for you to participate in? Why?***

The DSS FAC Grant Application process in 2014-2015 was challenging. The process has been reviewed and sector feedback documented. Key issues were:

- Lack of clarity re the purpose of the funding
- Limited quantum of funding for an unspecified amount of service delivery
- More output related rather than outcomes focussed.
- Selection criteria was ambiguous
- Selection process was drawn out and unclear.

***Would you support allowing consortiums to apply? If you are a service provider, what timeframe would you need to be able to apply in a consortium if you elected to?***

The Smith Family values and has participated in a consortia to deliver services in different communities. Between 2005-2009, we were part of a facilitating partner consortium arrangement in four CfC FP sites. Being part of a consortium enabled us to complement our expertise in facilitation and systems thinking with the community knowledge of our partners. Over time as our community knowledge grew, our consortium partners decided to focus more on service delivery and became our sub-contracted partners.

Consortiums are highly effective when there is alignment of mission, values, outcomes and mutual respect of individual expertise. It also needs to be strategic rather than transactional. However, Consortiums created by big organisations in small communities can monopolise funding, limit choice and restrict collaboration. Therefore the decision to allow consortiums to apply should be based on:

- Expertise enhanced by the consortium leading to better service provision and choice for participants.
- Nature and size of the service system in the community
- Ability to engage and collaborate with other services in the community.
- Reducing competition and not promoting monopoly.

The timeframe to establish a consortium will be determined by the purpose and complexity of the consortium arrangement.

### **Indigenous Grants Policy**

DSS is committed to working with Aboriginal and Torres Strait Islander stakeholders to improve outcomes for their families and children. Through the future delivery of its families and childrens programs, DSS will be trialling the implementation of the Government's Indigenous Grants Policy (IGP).

Under the IGP, DSS will look to increase the involvement of local Aboriginal and Torres Strait Islander organisations and individuals in the delivery of services in communities with a significant number of Aboriginal and Torres Strait Islander families and children seeking to

access services. It would also encourage service providers to develop collaborative and productive relationships with local Aboriginal and Torres Strait Islander organisations and families and children to ensure that services delivered are culturally safe and appropriate.

## Questions

**If you are a non-Aboriginal Community Controlled Organisation, what support would you need to build relationships with Aboriginal and Torres Strait Islanders in communities you service? How long would this take you? If you already supply services to Aboriginal and Torres Strait Islander communities, what strategies do you have in place to transition funding to Aboriginal Community Controlled Organisations? How effective are these strategies?**

The Smith Family is committed to working collaboratively with Aboriginal and Torres Strait Islander children and their families to help close the gap in educational outcomes. In 2016-17, almost 20% (7,609) of the children in our *Learning for Life* program, funded from a range of sources, including individual sponsors and donors, trusts and foundations and corporate support were from Aboriginal and/or Torres Strait Islander backgrounds.

We receive specific funding through the Department of Prime Minister and Cabinet's Indigenous Advancement Strategy for five locally based projects across Victoria, NSW and Northern Territory. We also facilitate the *Indigenous Youth Leadership Project* (IYLP). IYLP supports secondary students from remote communities to attend high-performing academic schools.

Our privately funded *Girls at the Centre* program works with young Aboriginal and Torres Strait Islander women as they move through high school by providing wraparound support, mentors and motivation to complete Year 12 and move on to post-school employment and education.

We also facilitate nine *Communities for Children* (CfC FP) sites, including Mirrabooka in Western Australia and Katherine in the Northern Territory. At our CfC sites, we work with local organisations to deliver programs responding to community needs. We help improve outcomes for children aged from birth to 12, and their families.

We fully support the intent of the Indigenous Grants Policy to work in genuine partnership with Aboriginal and Torres Strait Islander communities in determining local programs and approaches. Aboriginal and Torres Strait Islander peoples know best how to build a better life for themselves.<sup>3</sup>

Governments remain responsible and accountable for assisting and investing in Aboriginal and Torres Strait Islander communities in order that they thrive. However governments, as well as civil society and business, must follow the lead of Aboriginal and Torres Strait Islander peoples and provide necessary support as they take ownership of their individual and collective futures. A genuine partnership supports the ambition of Aboriginal and Torres Strait Islander peoples for self-determination as described in *The Uluru Statement from the Heart*.

Our key concern in this regard is that while we contributed to the consultations regarding the Indigenous Grants Policy, we have not seen any outcome of the review or provided with any

---

<sup>3</sup> Sarra, Chris, 'Strong and Smart: investing in Indigenous children', Sambell Oration 2018, Melbourne, 11 April 2018; Sarra, Chris, 'Aboriginal people are exceptional. When we can all acknowledge that, the gap will close', *The Guardian*, 12 February 2015.



guidance regarding which or how services will transition. The current focus on funding decisions, often at the expense of policy and program design has the potential to further divide the service sector in local communities. We see a real opportunity for large organisations such as The Smith Family, who provide services to Aboriginal and Torres Strait Islander peoples through a wide variety of funding sources, to build sector skill and capacity over time, and to learn through partnership with locally based smaller organisations. However, this needs to be intentional and well resourced, with a view to longevity of service rather than ad hoc funding decisions. Our deep concern is that the current approach, taken to its logical conclusion would see a separate network of service delivery for Aboriginal and Torres Strait Islander people, rather than enabling the whole sector to provide culturally safe and appropriate services, and for Aboriginal owned and run organisations to provide mainstream services in community.

## Principle 2: Targeted Service Delivery

### Cohorts

Across Australia there are groups of families and children that are at risk of experiencing poorer outcomes than other families and children. Examples include children and families experiencing domestic violence, child abuse or neglect, alcohol and drug abuse, separation, homelessness and financial disadvantage. Families and children who are Aboriginal and Torres Strait Islander or from Culturally and Linguistically Diverse backgrounds, or have disability or carer responsibilities are also at risk of experiencing poorer outcomes and difficulty in accessing appropriate services.

DSS is considering how we could implement a new access strategy that prioritises access to families and children who are at increased risk of poorer outcomes. However, DSS recognises that every community will be different and wants to ensure flexibility. Under the new access strategy, service providers may be required to develop service and outcome targets for at-risk families and children in their community. Targets would be measured through existing data reporting and/or in performance discussions with the relevant Funding Arrangement Manager. The ability to appropriately service clients who are at increased risk of poorer outcomes may be sought in the assessment of grant applications.

### Questions

#### **Which clients should priority be given to? (Select up to three cohorts)**

Families and children in disadvantaged communities have complex and compounding needs. Currently, the services accessed by these families are funded across jurisdictions and Departments, often leading to segmented un-integrated service responses. The segmenting of clients to determine priority should be part of a community assessment process. It is not possible to select three cohorts from the many different cohorts who benefit from FAC programs without an understanding of the context in which they are living, including availability of services.

#### **How could we improve access to our services and improve outcomes for these clients?**

As noted above, The Smith Family does not believe that it is possible to identify three priority groups to be supported through the FAC program. Our experience of working with disadvantaged families over many years demonstrates that what makes a real difference is ongoing service which provides dedicated, long term support, through trust-based relationships, with the individual always at the centre. We therefore advocate building a stronger shared understanding of the current service landscape, as well as a stronger understanding of the physical and social community existing around at-risk children and families.

Improve the shared understanding (amongst the sector and the community) of the following practice approaches that evidence tells us are important for achieving positive outcomes:

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

Our CfC FP community partners have made simple practice changes to improve outcomes for more vulnerable clients. Some of these are:

- Holistic, family centred approach
- Understanding of referrals pathways: linkages between child-centric and adult focussed service providers
- Capacity building for clients – relevant information sessions in a non-intimating setting (for example playgroups), end of program celebrations
- Simplify language (avoid jargon) with clients, take time to consider how concepts can be unpacked for clients and/ or translated.
- Fostering trust and partnership with Aboriginal elders and leaders in the community.
- Culturally appropriate support for clients – use of bicultural workers (rather than just using interpreters)
- Engage the education system which is an important part of a child's life – kindergartens and schools
- Capacity building and support for the sector – professional development, secondary consultations by Allied Health and Mental Health services to education staff, bicultural mentoring

### **Location: Place Based**

#### **Questions**

#### **What, besides disadvantage, should we consider in identifying possible locations for a place-based approach?**

For place-based approaches to succeed there needs to be a 'readiness' and 'willingness' within the place. Place based approaches are also on a continuum spanning place specific service delivery to an integrated service system leading to collective impact. A supported playgroup run by a local service provider is one example of a place-based approach at the early end of the continuum. CfC FP is a place-based approach that incorporates stronger collaboration and cohesive community engagement and sits towards the middle of the continuum, while Collective Impact (as per the three examples provided in the Background Paper) sits at the other end of the spectrum. Along this continuum, depending on the point at which the approach sits, different pre-conditions and investment are necessary for the approach to succeed.

Place based approaches should be considered in communities where there are:

- Assets within communities, including those that are social (local leaders, community groups, physical and organisational).
- An eagerness/desire of the community members to bring about change and shared purpose.
- Service sectors/systems that will influence the readiness and acceptance of the community (and services) for place-based approach.

For place based initiatives to succeed Funders need to be willing to give agency to the community and accept (within reason) the goals, timeframes and indicators of success decided by the community, based on comprehensive input from users, analysis of available data and mapping of existing service responses.

In order to identify sites that have the capacity for place-based approaches there is a need to engage authentically with local groups and services, map assets and build a picture of the community's narrative- often reflected in local media stories, local government mission statements, data, businesses and the citizens themselves.

**Are there any communities that you think are ready for a place-based approach? Why? Select up to three.**

As a long-term Facilitating Partner organisation, The Smith Family has experience and knowledge of place based approaches, and this knowledge is reinforced by the literature on systems thinking. Readiness for a collaborative, place-based approach relies on a set of pre-conditions.

1. Community agency and eagerness for change: this could be demonstrated by a community's understanding of shared issues and needs, a desire to participate in investigating solutions and inform decisions that would address the issues and contribute to positive community outcomes.
2. Community demonstrating signs of social cohesion: a cohesive community can be a protective factor for a disadvantaged community and make it easier to implement a Place Based approach. A positive sense of social cohesion and trust has been evidenced to build community capacity.
3. Community assets: these may include physical assets (parks, open public spaces), social assets (values, cultures within community), economic assets (industry, employment opportunities), public and physical assets (transport, education or health institutions) and natural assets (water ways, wildlife)<sup>4</sup>.
4. Service sector with the capacity to coalesce: evidence of the capacity to coalesce can be observed where there is a commitment to positive relationship development, coordinating services around community users, and hubs of activity which bring people and services together. This is also reflected in services which are keen to overcome siloes created due to funding streams and individual service focus.
5. Community not overburdened with multiple and complex service delivery systems: the compounding nature of disadvantage often leads to a compounding of service delivery responses which can further disengage and disenfranchise citizens in need.
6. This can lead to cynicism for new place based approaches in the community.

Two suggested sites for place based approaches include:

**Fairfield NSW:** CfC FP sites such as Fairfield in NSW is now demonstrating pre-conditions for a more holistic and integrated coalition. This could lead to a place based approach trial similar to Collective Impact.

**Wyndham, VIC:** The Wyndham community in Victoria is ready for a place-based approach such a CfC FP. In 2015, 26.4% of kindergarten children who lived in Wyndham were developmentally vulnerable on at least one of the AEDC domains. In 2016, the SEIFA Index score for the City of Wyndham was 1009. The Smith Family partners with local schools in the area and has established a school community hub in the community. The community has a thriving service system which can be leveraged to improve service provision and response through CfC FP.

---

<sup>4</sup> Weaver, Liz 2018 Ready, Set, Go: Building Readiness for Collaborative and Community Impact *Tamarack Institute*

---

## Principle 3: Data and Evidence Driven

### Evidence Informed Programs

#### Questions

#### **What do you think is the minimum evidence that should be supplied to demonstrate that a service is supported by evidence while still enabling innovation?**

The Smith Family is committed to providing evidence informed and where possible evidence based programs (EBP) for families and children. In each of the nine CfC FP sites, we have over 50% EBPs. Our experience is that it takes a considerable amount of capacity building and shifting of entrenched practice to convince our community stakeholders of the value of EBPs for improving outcomes for families and children. Complementing EBPs with a key focus on consistent practice through the fundamentals of Implementation Science has been the key to this work. However, there are remaining tensions between consistency and flexibility to suit the nuances of local environments. These include:

- Adaption of EBP to community context, culture and capacity
- Making EBP implementation client-centric rather than imposed on clients
- Ability and capacity of service providers to understand core elements of EBP and deliver it with fidelity.

The Stronger Outcomes for Families Background paper has marked an interesting shift from **Evidence Based Programs (EBP)** to **Evidence Informed Programs**. While this shift reflects flexibility and an understanding of community constraints and the rationale for this shift is supported, we believe that it is crucial that the change in language does not dilute the emphasis on evidence base and undo the policy and practice progress over the last four years.

The minimum evidence that should be supplied to ensure quality service provision is:

- Research and or literature basis for the benefit of the service for the particular cohort (target group)
- Program frameworks that can articulate the evidence base (doesn't have to be a Theory of Change or Program Logic document alone, can be 'knowledge held', can include literature and practice wisdom).
- Understanding of program fidelity and adaptability of program for target cohorts. Clear articulation of core elements essential for achieving outcomes.
- Demonstrated skill and capacity of the staff to implement with fidelity.
- Ability to and willingness to commit resources to meet evaluation requirements

#### **If you are a service provider, how do you know that the program you are delivering is making a positive impact on outcomes for family/children?**

The Smith Family adheres to the **Outcomes Based Accountability Framework** to measure the **Effort** and **Effect** of our service delivery. It is essential that we invest our efforts where we can produce maximum positive outcomes for families and children. The same framework is being implemented across our nine CfC FP sites and we are working with our community partners to measure the impact at an activity level and at a 'whole of community' level.

---

## Measuring Outcomes

### Questions

#### **What does success look like for families and children in your community and/or service? How do you measure this? What changes do you expect to see in the short, medium and long term?**

As noted above, The Smith Family adheres to an Outcomes Based Accountability framework to measure the impact of our core *Learning for Life* Program and this approach has underpinned our work with Community Partners in CFC FP. We suggest that the measurement system utilised by the FAC Program needs to create a more sophisticated understanding of the social, economic and cultural disadvantage experienced by communities across Australia. Communities are heterogeneous and experience social, economic and cultural challenges differently. It is important to build a more nuanced understanding of the nature of gaps *within* differing social and cultural cohorts and *within* individual targets. To do this requires rethinking how best to capture, collate and analyse relevant data on the impact of program and service delivery. Successfully adding depth and detail to a measurement framework will help produce better-tailored services supported by a more sophisticated evidence base. It also requires better measurement of progress.

To improve measurement, we recommend introduction of short and medium term performance indicators, tracking progress to longer term outcomes. These indicators should identify short-term goals required in order to meet the overall outcome, as well as the impact that programs and services are having at the individual, family and community level, having regard to differences within cohorts as outlined above. Developing and using such indicators will help government measure whether outcomes are being met over time, and improve the understanding of what policy and service interventions work and why.

The Families First Outcomes Evaluation Framework, developed in 2002 by the University of New South Wales Social Policy Research Centre for the New South Wales Cabinet Office, is an excellent example of a sophisticated outcomes measurement framework.<sup>5</sup>

For each outcome seeking to be achieved, the framework identified a particular subset of key indicators, including short-term goals, relevant data sets to be analysed and specific subgroups to be further researched. For instance, under the outcome for 'child educational development', there were four indicators of success: (1) Under school age participation, (2) Preparation for school, (3) Educational achievement and (4) Participation in education.<sup>6</sup> The performance of services and policies were then measured against these indicators. Given the ambition, scope and timeframe of the FAC Program and its relationship to a network of existing services, a similar framework to this one would work well in monitoring interim progress and ensuring services are having the necessary impact.

#### **Should there be consistent indicators and measures across Australia or should there be consistent indicators with different measures for different communities? Why?**

---

5

[https://www.sprc.unsw.edu.au/media/SPRCFile/Report7\\_02\\_Families\\_First\\_OutcomesEvaluationFramework.pdf](https://www.sprc.unsw.edu.au/media/SPRCFile/Report7_02_Families_First_OutcomesEvaluationFramework.pdf)

6

[https://www.sprc.unsw.edu.au/media/SPRCFile/Report7\\_02\\_Families\\_First\\_OutcomesEvaluationFramework.pdf](https://www.sprc.unsw.edu.au/media/SPRCFile/Report7_02_Families_First_OutcomesEvaluationFramework.pdf) p i.

There should be a combination of consistent national indicators and measures and specific measures for different communities. With the large amount of data collected at national, state and local level, there is a need for this data to be more easily available for communities to plan, implement and evaluate. **Democratisation of Data** is as important as collection of data.

The Background paper refers to Australian Early Development Census (AEDC) for early childhood developmental data. One of the advantages of this measure is the ability to compare across country, state and at a community level. Unfortunately, there are not many such multi-level measures that can be easily assessed and understood by community.

The Productivity Commission's Data Availability and Use Inquiry, 2017 identified a *"lack of trust by both data custodians and users in existing data access processes and protections and numerous hurdles to sharing and releasing data are choking the use and value of Australia's data"*, and recommended *"the creation of a data sharing and release structure that indicates to all data custodians a strong and clear cultural shift towards better data use that can be dialled up for the sharing or release of higher-risk datasets"*.

Cascading Outcomes measures from an overarching Program Stream (such as FaC) to an activity level can also be challenging when the indicators are not community and or cohort specific. There is the tension between '**attribution**' and '**contribution**' to the overarching Outcomes, which are usually at population level.

### **Would you be supportive of reporting on client outcomes through the Partnership Approach?**

Yes.

The Smith Family has worked with our CfC FP Community Partners to ensure that over 75% of our 61 sub-contracted partners have agreed to the Partnership Approach. These partners are collecting SCORE data and recording it in DEX. However, the **reliability and accuracy of the client outcomes** data and subsequent reports are still unclear. Client outcomes data as required for DEX sometimes does not align with the activities short to medium term outcomes data.

It is important that Service providers also consider reporting on client outcomes as essential for improved support to families and children and for improving their own practice. At present, it is often seen as a **compliance exercise**. Service Providers are still unable to get feedback reports from DEX that would help them in planning and improving service delivery- an early promise of DSS DEX.

### **If you are a service provider, what tools and supports would you need to implement the Partnership Approach? How long would you need?**

Since the implementation of Data Exchange and Partnership Approach (2015 onwards), The Smith Family facilitated CfC FP sites have actively worked to have consistent data captured (for the partnership approach only, excluding SCORE) and a stronger understanding of outcomes based work. Beyond tools and resources, this work has been about **effective change management and culture shift**. The work is vulnerable to changes in staff, funding constraints and misalignment between Commonwealth funded and State Government funded service outcomes and reporting.

A good example of where this work is at a systemic level is Victoria. The **Victorian State Government** is taking an evidence-based approach through the Centre for Excellence and has established the Outcomes Practice & Evidence Network (OPEN) – alignment of the

outcomes based approach as well as build the momentum for sector capacity building. This greatly helped Brimbank CfC FP to shift the CfC FP sub-contracted partners to also progress outcomes reporting.

Reliability of the data system (recording, reporting and analysis) is another key driver for acceptance of the Partnership Approach. At present, DEX requirements are subject to frequent changes and so are the reports that can be generated from the system.

Service Providers are more likely to will support Partnership Approach if there is:

- Capacity building to understand how SCORE works
- Development/ alignment of data collection tools for SCORE assessments
- Consistent and meaningful SCORE assessments
- Using SCORE data to evaluate outcomes



---

**If you are a service provider, what support would you like over the course of a funding agreement to ensure that your services remain supported by evidence and data to improve outcomes for families and children?**

The Smith Family broadly supports the work being undertaken by the Australian Institute of Family Studies to identify Evidence Based Programs, notwithstanding some of the challenges in the breadth of programs available for implementation which we envisage will be addressed over time. We would encourage more active engagement with the sector, including regular review and update of existing and emerging evidence from Australia and overseas to inform ongoing continuous improvement; facilitation of communication between services and across jurisdictions. We believe that an appropriately resourced national evidence bank, with well-structured communication to the sector could significantly reduce existing duplication across Government agencies and services themselves.

Ensuring that services are appropriately resourced to undertake evaluative work, either full scale evaluation or ongoing data monitoring and review is vital to support quality service and discontinuation of programs or initiatives shown not to be making a difference over time.

## Principle 4: Early Intervention and Prevention

### Questions

**If you are a service provider, what early intervention and prevention services do you currently provide that help achieve the three outcomes proposed?**

The Smith Family supports education outcomes for young Australian through the *Learning for Life* Program. *Learning for Life* is an early intervention, long term Program. The Program has three high level measurable outcomes:

1. School attendance (**Attendance Rate**)
2. School completion (**Advancement Rate**)
3. Post-school engagement in employment, education and training (**Engagement Rate**).

The Smith Family receives funding from Department of Social Services to facilitate the Communities for Children FP program in nine sites. CfC FP is an early intervention and prevention program that takes a 'whole of community' approach to improve outcomes for children birth to 12 years and their families. The objectives of CfC FP are aligned with the proposed three outcomes. Some of the activities delivered by The Smith Family CfC FP sites are:

- Early childhood education and care universal program
- Transition programs that address life and stage transitions needs
- Targeted support for mental health and child development for families of refugee background, working with caregiver and the child together
- Community engagement and capacity building for community members
- Community strengthening and related capacity building activities
- Social-emotional resilience programs, targeted and universal
- A range of Evidence Based Programs from the AIFS Guidebook and Promising Programs lists

**How could government and service providers better balance crisis support with early intervention and prevention activities?**

Within a community, service provision must be client-centric and acknowledge the multiplicity of client need as well as the movement of families between early intervention, prevention and tertiary services. To date there has been little demonstration of 'systems thinking'. One of the obstacles to creating these seamless pathways is the disjointed nature of State and Commonwealth funded services. Funding requirements sometimes result in siloing of the services and the isolation of families. A reactive client management system prevents identification of family's needs that could be better met by early intervention services.

Building shared understanding of logic behind prevention approaches, including knowledge of risk and protective factors and the public health model of prevention can help services recognise the benefit of upstream approaches to risk. This would lead to better early intervention support for families at the right time.

Better dialogue, coordination and funding decisions between local, State and Commonwealth Government agencies could demonstrate result in practice change amongst service providers. This in turn would result in less duplication and more responsive services for families and children.

---

## Principle 5: Collaborative

### Questions

**If you are a service provider, how confident are you that you have developed meaningful relationships with relevant stakeholders in your community? What could we do to help you develop these relationships?**

Collaboration between community stakeholders (members, services, businesses, government etc.) relies on:

**Relationships:** interpersonal interactions and opportunities to create shared value will always affect the ability of stakeholders to trust and collaborate. Understanding power dynamics and how authority and influence plays out in communities is important both in terms of building trust and authentic engagement, but also leveraging local assets that are critical to collaboration. The Smith Family is a national organisation but to be effective we need team members who are place based, understand and respect their community and remain objective. Despite the challenges of staffing, we have place based team members based in Katherine NT and this has helped in the community accepting us as 'local'.

**Structures:** once good relationships are established, structures help in leveraging on the common agenda. In our CfC FP sites, having a robust governance which includes local Committees that inform, guide and sustain collaborative practices, has been critical to success. Beyond formal governance, participation in informal networks and community engagement is essential to disseminate information, share community intelligence and ensure efforts are focussed.

**Co-design:** while we have consulted with families and children to understand their need, we now are attempting to actively engage them in co-designing services that would be most responsive to their need. The Smith Family recently engaged with some of our *Learning for Life* families in co-designing an online portal that would ease the way they communicate and receive support from us.

**Data and Measurement:** having shared measurement or at least aligned measurements result in increased transparency, efficiencies, reduced effort, more effect and ultimately sustains collaborative practice.

**Policies** (the guidelines and priorities that inform action) and **Practices** (the behaviours, action and expressions of institutions and networks) that enable collaboration within place, for example by intentionally aligning or providing mutual support to one another.

DSS can assist by building sector literacy in collaborative processes and models and being co-champions for this in the community. It is also important to hold organisations to account that do not demonstrate a commitment to working across the community and to collaborative approaches. Collaborative practice takes time and sustained attention. It also ebbs and flows and we have observed communities demonstrating collaborative practices regressing back into competitive, siloed responses, especially when there is a drastic funding change or contraction of the service system.

**If you are a service, do your existing referral mechanisms support families and children to access a holistic service response? What could be done to improve this process**

The Smith Family and its partners are always endeavouring to create easy, flexible and customised referral mechanisms for families and children it works with. However:

- Referral mechanisms (especially early intervention) are not particularly systematised, are based on partial knowledge of the service system, and are often relationship based (which means service quality and outcomes will vary depending on particular staff involved).
- Effective referrals, holistic service responses, and a coordinated referral system are impacted by crisis-based response, high work/ caseloads, and the habits of organisations/ practitioners. For example: the local child protection agency has two referral pathways, and despite their stated interest in diversifying they persist with just these two pathways.

The Smith Family is working to build capacity of CfC FP funded services (through targeted learning & development and monitoring activities), and is working within its sphere of influence across the community (including with schools and health services) to help shape more holistic pathways for families. This work would also be supported by better alignment of priorities, policies and systems across levels of government *in a way that translates to front line practitioners and the community*. This includes greater oversight and accountability of funded services' for their performance.

### **What could Government do to support you to build these collaborative relationships and referral mechanisms?**

Government could support sector capacity building by:

- Mapping service systems
- Mapping community assets and needs
- Engaging authentically with participants and community to inform practice, policy and design of programs.
- Co-design and partnership with participants.

For the purposes of referrals and collaborative relationships, Government could build acknowledgement of the role of the environment on parenting capabilities (*"families also have an increased likelihood of their children not being safe, resilient and ready to learn depending on where they live...areas of disadvantage are themselves often characterised by poorer physical infrastructure and quality of housing, along with higher levels of crime and violence than more advantaged regions."*<sup>7</sup>).

It is important to identify indicators of disadvantage from the ecological levels external to the family. These can include the physical environment (overcrowding, access issues, including access to culturally appropriate services, to transport, to local community assets such as shops, libraries etc.) and social and cultural landscapes (including current social or cultural discrimination, history of discrimination through policy and society). Without acknowledging the impact of these on the way families function, we will not adequately respond to their individual and collective needs in a way that leads to sustainable positive change.

The Government need to allow time for conditions of collaborative practices to flourish and understand that sudden policy changes, funding contraction, disagreement between levels of Government will lead to distrust within the community.

---

<sup>7</sup> Australian Government Department of Social Services 2018 Stronger Outcomes for Families Background Paper June 2018