

A submission to the:
Australian Department of Social Services

Authorised by:
Tracy Adams, CEO, yourtown



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yourtown services

yourtown is a national organisation and registered charity that aims to tackle the issues affecting the lives of children and young people. Established in 1961, **yourtown's** mission is to enable young people, especially those who are marginalised and without voice, to improve their life outcomes. **yourtown** provides a range of face-to-face and virtual services to children, young people and families seeking support.

Our services include:

- **Child and family programs**, funded by the Department of Social Services include:
 - Care Plus – provides early interventions and family support services to improve children's development and wellbeing, and supports the capacity of those in the parenting role in Port Pirie, SA
 - Communities for Children (Facilitating Partner in Deception Bay, QLD) – builds the capacity of the local service sector to deliver evidence-based prevention and early intervention family strategies to ensure children have the best start to life
 - Starfish Family Mental Health Support Program – supports children and young people aged 0-18 who may be experiencing emotional health and wellbeing challenges in Logan and Moreton Bay, QLD
- Self-funded **family programs** to support young parents with early childhood development in Elizabeth, SA and Deception Bay, QLD
- **Kids Helpline**, a national 24/7 telephone and on-line counselling and support service for 5 to 25 year olds with special capacity for young people with mental health issues
- **My Circle**, a purpose-built, scalable social media platform that provides young people with an easy pathway to anonymous, clinically guided peer-to-peer support.
- **Parentline**, a telephone and online counselling and support service for parents and carers' in QLD and the NT
- **Accommodation responses** to young parents with children who are at risk (San Miguel in NSW) and to women and children seeking refuge from domestic and family violence
- **Expressive Therapy interventions** for young children and infants who have experienced trauma and abuse or been exposed to violence in Deception Bay, QLD.
- **Employment and educational programs and social enterprises** in NSW, QLD, SA and TAS, which support young people to re-engage with education and/or employment, including programs for youthful offenders and Aboriginal and Torres Strait Islander specific services

Introduction

yourtown welcomes the opportunity to provide feedback to the Department of Social Services (The Department) in relation to proposed reforms of families and children services.

Our organisation provides a range of nation-wide and state-based families and children services. Kids Helpline is our largest service providing 24/7 professional counselling to children and young people aged 5-25 on a range of early to crisis intervention issues. In addition, we provide a range of face-to-face services to children and families in New South Wales, Queensland, Tasmania and South Australia, that are federally funded (such as Care Plus, Starfish and we are a facilitating partner of Communities for Children) and self-funded. We also provide refuge and wraparound support for survivors of domestic and family violence. This experience means we have significant insight to share with the Department on the current system and service provision.

Overall, we welcome the direction of the reforms identified in the Discussion Paper (the Paper). We support the Department's enhanced focus on the development of meaningful, evidence-based services that are underpinned by robust theories of change, program logics, evaluations and an outcomes performance reporting framework. It reflects the approach that we take to our services at **yourtown** and entrenching these elements into federal funding agreements should boost both accountability and service performance over time. However, we would urge the Department to consider how to best make use of the existing outcomes tools that organisations like ours employ currently, in addition to ensuring that an outcomes framework includes the foundational or smaller outcomes and time needed to make progress with children and families with highly complex needs.

Overall, we support the mandatory reporting of outcomes through the Data Exchange. However, we ask that the Department considers how state and territory government funded services could be linked to the Data Exchange so that a nation-wide, place-based picture of the needs of, and outcomes for, clients can be ascertained. This would also boost federal and state/territory government understanding of what works. The critical success factors that we see in the further development of the Data Exchange and outcomes framework include their supporting enhanced:

- collection of baseline data (for communities, families and individual clients depending on the type of activity funded);
- reporting and information-sharing with services that each support the needs of individual children and families; and
- collection of cross-jurisdictional data.

The reform should also be aligned with other Commonwealth reform priorities, e.g. the development of the National Child Safety and Wellbeing Information-sharing Scheme (Health), the National Office for Child Safety's Information Sharing project (Prime Minister and Cabinet), the National Children's Mental Health and Wellbeing Strategy (Health) and Closing the Gap (National Indigenous Australians Association).

The paper is silent on how the three proposed outcomes for the Children and Families Program will be applied to funding activities. For some grants, certain outcomes will have a sole or greater priority consistent with the activity being funded. Further, the outcomes framework needs to address the priority of client outcomes (for example, where children and young people's outcomes sit vis-a-vis those of parents to ensure that in obtaining funded outcomes for parents, children's safety, development and wellbeing is not negatively impacted). **yourtown** supports the child's best interests being paramount in all funded outcomes impacting on children and young people's safety, development and wellbeing.

The paper is also silent on another critical success factor in achieving outcomes - workforce capability. Workforce experience, skills and resourcing is a fundamental factor for social service programs to achieve outcomes for clients. Reforms should recognise that workforce capability development and training will be a key component of any reform.

yourtown supports providing services with more funding certainty through implementing longer-term grant arrangements, and extending the contracts of existing services for 2 or 5 years. However, it is recommended that the Department facilitate innovation and service improvements by adding performance review points within 2 or 5 year extension periods.

The Discussion Paper asks that we provide details of how the pandemic affected our services and how we adapted to the impacts of lockdown. Like many services, **yourtown** swiftly transformed our face-to-face services to online delivery and supported our staff and clients to use them, whilst our largest service Kids Helpline operates digitally and responded to greater demand during this time. The Department has an opportunity to leverage off this workplace and service user shift and explicitly recognise digital service delivery as part of its Children and Families grant suite. Digital service provision has many benefits for children and families experiencing disadvantage, particularly those in rural and remote areas that lack services or have difficulty attracting qualified staff. It also plays a key role in supporting the soft entry of children and families into formal and more regular support.

Finally, the one area of suggested reform **yourtown** questions in the Discussion Paper is the proposal to further target services to children and families with highest needs. This is a particular area of focus for state and territory funded services such as child protection, education and mental health and potentially duplicates their core funding focus. While our services support many high needs' children and families known to statutory state and territory systems, we assist many children and families who have significant needs but who are ineligible for, or just below the threshold for statutory support. If these cohorts are excluded, many of their needs will escalate over time to require more costly statutory service systems. The Department should be guided by the public health approach to delivering services to children and families and be inclusive of services designed to prevent, intervene early and provide acute/crises assistance as needed.

yourtown submission

In this submission, **yourtown** responds to the specific consultation questions about which we have feedback.

Recent and emerging impacts on service delivery

I. How have you adapted service delivery in response to recent crises such as bushfires, drought, floods and Coronavirus pandemic? When has it worked and when hasn't it worked? How will this affect how you deliver services in the future? Have your service adaptations included better integration with other initiatives?

yourtown is an organisation delivering key frontline support services to disadvantaged children and families. We have invested significantly in digital service research and innovation in response to the changing access preferences of our service users, particularly children and young people accessing our Kids Helpline service. Today, access to Kids Helpline is via multiple channels including phone, webchat, email, counsellor-facilitated peer support groups (My Circle), our website and social media.

As the impact of the pandemic unfolded, our focus was on continuing service delivery to ensure that no child or family had to live without the support they needed. Below we outline how COVID-19 affected our services and what changes we made to accommodate this.

- **Our face-to-face children and families services**

With exception of our residential family services, which adopted COVID-safe practices, we quickly adapted our face-to-face family services to the pandemic and lockdown by transferring to online delivery. As part of this transformation of services, our staff were supported to work at home and to expand their skillsets in, for example, delivering risk assessments, psychological and therapy sessions online. In some cases, staff had to deliver to family homes resources to be used in sessions or appointments online (e.g. for expressive therapy with children). Staff also researched and created resources that could be used with clients via virtual platforms.

In general, clients were quite receptive to working through virtual means, particularly adolescents. The benefits of using this delivery mode included being able to respond to a crisis in a timely manner and flexibility in relation to the time of the appointments and sessions, which enabled them to better fit around the lives of families. Where we offer outreach services (e.g. in our federally funded program Starfish, which provides support to children aged 0-11 years old with moderate mental health needs, and their parents), online services meant staff could be more productive given reduced travel time to and from appointments. In addition, it became clear that digital service provision worked well for clients who felt safe at home and/or where they had space to speak confidentially. Conversely, in some sessions staff became aware that remote service delivery was not suited to the needs of those who did not (e.g. they were not as open, or in cases where we had to have a session by phone, they whispered).

Our role as a Communities for Children Facilitating Partner (CfC FP) also significantly altered during the lockdown period. The CfC FP team ensured that we maintained regular communication with Community Partners (CPs), and other local and regional stakeholders virtually. We supported local and regional initiatives set up specifically to respond to community needs, for example, by; sourcing free devices and data (provided by Optus); contributing resources for activity packs for families; and supporting our community partners to adapt their CfC KPIs to virtual activities.

In response to the clear benefits that some clients gained through receiving online mental health and other supports online, we have worked to embed the diversification of our service delivery into the organisation, through strengthening our risk assessment procedures in relation to online work and developing guidelines and a range of standard processes and materials. In our CfC FP role, we will integrate social media initiatives into service delivery since this mix of delivery modes has proved beneficial in reaching otherwise disengaged families. For instance, some previously disengaged families actively engaged with CPs via their Facebook pages. As the lockdown progressed CPs developed videos and online sessions for parents/carers and their children to engage activities online.

Despite the successes in meeting the challenges of the pandemic through online service delivery, we also met with some barriers to providing services digitally. These included:

- The technology not working or not working consistently including audio, visual or the internet which disrupted therapeutic relationships and the therapeutic process
- Some families not having access to appropriate technology (e.g. a computer or camera or sessions)
- Children, particularly those under age of 8 would at times struggle to focus for long periods of time online
- As previously mentioned, some clients were confronted by confidentiality issues due to limited space or control of the environment at home
- Schools stopped counsellors from delivering sessions in the school but did not have sufficient digital resources or technology privacy policies (e.g. firewalls) to support students to engage virtually with a counsellor during school hours and
- Cohorts in regional areas (e.g. Port Pirie) being less responsive to online support.

Our education and employment services programs found that the cohorts of young people they work with had significant digital divide issues (including limited or no internet, phone or computer access). These programs are outside the scope of this paper but please see our response to the Senate Inquiry on COVID-19 in case these challenges are of interest in considering future online service development with children and young people experiencing disadvantage (please see section on the Digital Divide).¹

¹ <https://www.yourtown.com.au/sites/default/files/document/Senate%20inquiry%20into%20COVID-19%20-%20submission.pdf>

Service demand

During lockdown, referrals from schools and General Practitioners decreased given these services were closed or being offered remotely. Some students stated that they needed less support during lockdown as many of their concerns derived from the school environment, such as schoolwork, bullying and relationships with specific teachers. Conversely, the needs of parents were said to escalate during lockdown and as the pandemic evolved given their anxiety about the virus, unemployment, family relationships and managing home schooling. Anecdotally, we were also told families chose not to access GP services during this time if issues were not deemed urgent.

More generally, however, referrals increased in July to December 2020 to our community-based child and family services, not only compared to the first six months of the year (for example, Starfish Moreton referrals went up by 24%) but also when compared to the same period in 2019 (Starfish referrals increased by 37%). As a result, over the same time, service casework and counselling activities increased when compared to the same period in 2019, with for example, an increase in casework in our Starfish Moreton program of 25% and in counselling of 82%. Staff suggested that these increases did not relate directly to COVID (e.g. anxiety about the virus), but rather pre-existing factors and conditions (e.g. trauma and family and domestic violence) that were exacerbated by lockdown and the impact of COVID.

Family and domestic violence

yourtown provides a refuge and support services in Queensland for women and children escaping from family and domestic violence. In addition, many of the disadvantaged children and young people we work with in our education, employment and parenting support programs have had their lives deeply shaken by the effects of family violence.

Our insight into how the pandemic and its response has affected those experiencing family and domestic violence comes directly from staff at our refuge. The first key issue that presented to survivors of domestic violence in Queensland was there being significant delay and **difficulty in accessing crisis payments from Centrelink** given the rise in demand of the service from those seeking to lodge their applications for jobkeeper payments. Having access to funds that enable women to escape or maintain their independence from the perpetrator is vital to preventing domestic violence and delays in accessing them are simply unacceptable as it risks the safety of women and their children.

Critically, families accessing our child and family services reported an increase in domestic violence. In rural areas in Queensland, police referrals increased which may have been as a result of women seeking face-to-face support. In addition, services intended to support survivors of family violence received calls from male perpetrators who are seeking help to prevent their perpetrating during the lockdown.

The pandemic identified an issue in relation to there being no plan or process in identifying or putting in place alternative arrangements for the care of children should a survivor of domestic violence be unable to care for her children temporarily (e.g. if she had to go to hospital). Since alternative care arrangements could be grandparents, the nature of COVID-19 has meant that they might be a vulnerable cohort and unable to care for their grandchildren.

- **Kids Helpline**

Kids Helpline is the publically recognised national helpline for children and young people. It is unique in Australia and internationally, meeting the needs of children and young people aged 5 to 25 'anytime, anywhere, any reason'. Unlike many other helplines, support is delivered by tertiary qualified, specialist youth counsellors and access to Kids Helpline is via multiple channels informed by young people's preferences for communication: phone, WebChat, email, online counsellor-facilitated peer support groups (My Circle) and website resources.

KHL responds to the individual and holistic needs of each young person, undertaking a wide range of roles to meet different needs. Children and young people can self-refer to Kids Helpline or are referred by many government departments and agencies, and other health and community services (e.g. headspace, Lifeline and sexual assault services).

Increased demand

Since the emergence of the pandemic, Kids Helpline **demand significantly increased**, by 17% between January and November 2020 and **peaking at an increase of 43%** in April compared to the same period in 2019. **Mental health concerns** remained the top concern between March-September 2020 and were up **36%** compared to the same period in 2019, followed by emotional wellbeing (up 36%) family relationship concerns (up 51%) and suicide and peer relationships.

Between April and September 2020, Kids Helpline contacts with children **aged between 5-9 years increased 113%** compared to the same period in 2019, and contacts with clients aged 10-14 and 15-18 years increased 37%.

Webchat demand was up 55% between Apr-Sept 2020 compared with the same period in 2019, and telephone contact was up 5%. Webchat is increasingly preferred as a mode of contact to Kids Helpline by children and young people but its use places additional pressures on the service as it requires longer session times with counsellors (a webchat counselling session takes on average of 40 minutes, whilst a phone session takes 11 minutes).

Since the pandemic, contacts to Kids Helpline have shared their anxiety about COVID-19 and its impact on their daily lives, whilst others have had existing mental health concerns and issues triggered and compounded by it. Many children and young people have contacted Kids Helpline owing to the closure of their face-to-face support services, and/or as they have been unable to employ their usual coping strategies.

Some contacts have called Kids Helpline having lost employment due to COVID crisis, expressing concern about how to meet their immediate financial needs as well as despair about what effects the crisis will have on their future career. Our employment services have already supported significant increases in jobseekers as young people work in industries hardest hit by the lockdowns, and are typically hardest hit by a recession. As previously mentioned, the digital divide has also prevented many young people who access our education and employment engagement services from being able to effectively engage with online school and **yourtown** programme work and we have supported them with these concerns.

Escalating needs

In addition to increasing demand, counselling contacts to Kids Helpline have included **increases in some of the most serious concerns** relating to mental health, including those related to suicide. Counselling contacts relating to suicide increased by 26% in April and May 2020 when compared to April and May 2019, a rise from 1,774 contacts to 2,243 contacts.

Of particular concern, our **duty of care** (where the counsellors determine that the child or young person is at imminent risk of harm) responses were **up 45%** in April and May 2020 compared to the same period 2019; **47% were related to suicide attempts and 31% were related to child abuse**. As a result of escalating needs, between 1 January and 30 April 2020, Kids Helpline initiated 17% more actions to keep a child or young person safe in relation to a suicide attempt, some 138 actions compared to 118 last year. Actions included duty of care notifications, safety planning and case-management and conferences with external services.

Kids Helpline response to the challenges of the pandemic

The critical role that Kids helpline plays in supporting the mental health and wellbeing of children and young people in Australia was recognised early by the Federal Government and as a result **yourtown** was given increased funding (\$6M over 14 months) to be able to continue service provision uninterrupted and to meet increased demand.

yourtown responded quickly to this injection of funds to ensure that we optimised their impact. As a result, we achieved the following:

- **Increased responses to increased demand**
 - Responses between Apr-Sept 2020 were 28% higher (96,129) than the same period in 2019 (74,894).
- **Increased the number of Kids Helpline staff** by 83 from 150 to 233 and up 73.4FTEs from 112.3FTE to 185.7FTE
- **Adapted to COVID circumstances to provide services undisturbed:**
 - To meet government pandemic requirements and help alleviate the high levels of anxiety many staff felt due to the pandemic, we developed a second, makeshift counselling centre at our head office in Brisbane.
 - We purchased more specialist equipment to enable more counsellors to work remotely.
 - We ensured counsellors felt supported to manage stress and anxiety related to higher contact volumes, and equipped Kids Helpline shift and practice supervisors with webcams so they could regularly check-in with counsellors and undertake practice supervision and virtual debriefs with counsellors and support them during high-risk contacts.
- **Further developed and scaled up digital support network:**
 - We tailored our ongoing Kids Helpline professionally moderated peer support program, My Circle, to meet the specific needs of 496 young people during lockdown, delivering two 'My Circle', one to a cohort aged 13-17 years old and another to a cohort aged 18-25 years old.

The programs attracted new clients in addition to supporting those clients who interact with KHL occasionally. Critically, the programs provided much needed additional support and intervention service for clients of other services, which may have closed due to the pandemic. Nearly half of these Circles clients (47%) were receiving counselling support outside of Kids Helpline, a third were currently taking medication for a mental health diagnosis, and eighty seven percent (87%) reported moderate to severe psychological distress on the CORE-10 with 38% reporting severe distress.

In the review of My Circles, nearly a quarter (23%) of Kids Helpline Circles participants reported being highly socially isolated with poor support networks and nearly half (44%) perceived low social support from their family. Participants who completed both assessment time points reported better engagement with family support post program, with 63% reporting moderate or high family support compared with 50% at time point 1. These participants also displayed reduction in distress levels on the CORE-10. Fifty-five percent (55%) of participants agreed that they felt their overall mental health had improved as a result of their involvement in My Circles and 77% agreed that they felt more empowered to tackle the challenges that confront them.

- We provided specific pandemic-related support on our KHL website. We swiftly developed, and continue to update and develop, a whole suite of new online resources about COVID-19 (<https://kidshelpline.com.au/coronavirus>) given that the needs of many children and young people can be appropriately supported through tailored online information and support resources.

Finally, we have had more frequent contact with other health and social services since the commencement of the pandemic due to increased client referral and case management, but also as we have been sharing the lessons and experiences of our organisation, staff and clients with them. For example, the National Online Telephone Support Services (NOTSS) network at the start of the lockdown began to meet every week, and we are now meeting every two weeks. We have found that all those involved in the network are finding these more frequent meetings a useful way to share information and learnings. We have shared how we approached remote working and the new processes and protocols that we put in place to support this, as well as the many benefits we have noted from remote working (e.g. counsellors not having to attend the office for night shifts and lower absenteeism).

2. Are the proposed key outcomes for the families and children programs the right ones?

yourtown agrees that the three previously tested overarching outcomes were not appropriate and we broadly welcome the current proposed key outcomes as outlined in diagram two, which more fully recognise the holistic nature of a child and family's life and environment and the areas which affect a child's life outcomes. However, we would caution the Department to ensure that outcomes consider the best interests of a child and this principle should underpin all decisions and activities made by services. For example, we would like to see explicit qualification as to how 'empowered individuals' support the best interests of the child, particularly where there may be a conflict between achieving this outcome for a parent and their child/ren.

In addition, **yourtown** would propose the following changes to the aims and outcomes:

Family and Relationships Flourish:

- We suggest changing 'couple relationship satisfaction' to 'healthy and respectful family relationships' as this addresses the issue of family safety and is broader, encompassing more than the parents' relationship.
- We would recommend including an outcome relating to culture, such as 'knowledge' of or 'connection to culture' to reflect its importance across the outcome contexts and as families are pivotal in passing down knowledge and customs,
- We would recommend adding an outcome on 'increased awareness of, and linked to, relevant support services' to highlight the need for the system and services to adjust and be more accessible to children and young people through better promotion and coordination.

Cohesive Communities:

- We recommend adding 'joined up services/no wrong door' to ensure that community services are coordinated and easily navigable for families.
- We would like to see mention of 'early intervention' in this section to reflect the need for communities to respond early to issues if they are to prevent escalation.

Contextual factors:

- We would advise broadening 'employment' to 'employment/training/education', acknowledging the different stages of the journey that people will be on to achieving employment and the importance of all of these undertakings in terms of development and achievement.
- We would like to see 'culture and identity' noted as a contextual factor again to highlight its importance for the health and safety of First Australians in particular.
- We recommend adding 'transitions' as an additional contextual factor as for children and young people especially, there are key life transitions which affect, and can detrimentally disrupt, their contexts (e.g. starting school/nursery, changing schools, out-of-home-care, finding employment and becoming parents).

Furthermore, **yourtown** would like to see more information as to how these outcomes are to be measured and implemented. For example, will all programs be assessed by the same outcomes, or will programs or the Department identify outcomes for which each program should aim. Critically, we would highlight the existing outcomes tools that organisations such as **yourtown** use and we ask that these existing tools are incorporated into the outcomes framework in some way to avoid unnecessary service disruption.

Outcomes, data linking and information sharing

yourtown supports the move towards mandating the consistent reporting of outcomes data across services and to using the Data Exchange Partnership Approach to this end. However, how the outcomes framework sits alongside, incorporates and works with the services and systems for which states and territories are responsible also needs consideration. We understand some state/territory-funded services feed into the Data Exchange Partnership Approach currently but states and territories fund a range of different services with a range of different aims and purposes and have their own data collections systems also. Embedding their perspectives and ways of working, and ensuring they feed their data into or that their system links to the Data Exchange, is paramount in developing a more comprehensive performance profile of what works to inform a more joined-up, holistic and effective system of support.

The Department should consider the protocols needed to govern the use and access of data, how services and the system share information, and how suggested reforms relate to the current work of the National Office for Child Safety (NOCS), which is developing a national child safety and wellbeing information-sharing scheme. Currently, the legislation covering information sharing is complex and difficult to manage in practice (particularly for national organisations). There is national and state/territory legislation about information sharing specifically and about related matters (e.g. privacy, freedom of information, mandatory reporting) and legislation on specific policy issues with provisions on information sharing (e.g. domestic violence and child safety). Managing these different legislative requirements and ensuring our staff are aware of them and appropriately managing data and sharing information (e.g. following processes on how long data should be kept or whether a certificate to share the information is needed or not) is an industry in itself. Therefore, suggested reforms in child and family services need to accommodate these complexities. To this end, the Department should work with NOCS to ensure protocols governing the use and access of child and family data are developed that are appropriate and practical for all services in the sector and jurisdictions.

For more information about our views on the development of a national child safety and wellbeing information scheme please see our recent submission to NOCS.² Similarly, the Draft National Children's Mental Health and Wellbeing Strategy proposes a new framework to guide investment

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<https://www.yourtown.com.au/sites/default/files/document/National%20child%20safety%20and%20wellbeing%20information%20sharing.pdf>

into the mental health and wellbeing of children and families and the Department should factor in how these reforms intersect with its proposed system changes.

Outcomes and child and youth engagement

Finally, in the development of appropriate outcomes, but also programs, services and the overarching system itself, the Department and child and family services must show how they genuinely engage with children and young people to illicit their views, needs and preferences on how best to support them. Recognising the importance of this approach in client centric, effective and sustainable service design and development, **yourtown** has embedded youth participation and lived experience into our organisation. This work supports the genuine input of our youth participation groups and lived experience group of suicide into service design, evolution and staff training.

We have employed a dedicated member of staff to coordinate youth participation activities and set out and organise the processes, Youth Participation Charter and support that underpins all groups. With regular monthly meetings (supported by a counsellor where necessary given the vulnerability of the cohort and sensitivity of the issues discussed), an honorarium for youth participants recognising their contribution and specific staff to support youth engagement around the country, youth participation is necessarily resource and time-intensive for all parties concerned. Hence, we ask that the Department considers how best to support child and family services to meaningfully undertake this process, and provide, for example, a youth participation/lived experience framework, guidelines, training and resourcing for these activities.

4. What tools or training would support you to effectively measure and report outcomes through the Data Exchange Partnership Approach?

yourtown reports through the Data Exchange Partnership Approach via regular data uploads from our information management system. It is set up well to capture data and report on our client work e.g. case management, counselling and group work with identified clients. Therefore, as an information management system it is well suited to Family Mental Health Support Services (FMHSS) and Care Plus.

However, it is unclear what outcomes are captured, and whether they have much meaning (e.g. goal improvement tiers do not provide meaningful feedback). A clearer outcomes framework such as suggested in the Discussion Paper will provide a clearer vision in relation to key objectives, and should assist in tracking the outcomes more effectively.

We would also like to see improved data report functions for CfC FPs so we are able to generate reports on our CP delivered activities that provide greater detail than at present.

5. Do you already have a program logic or theory of change outlined for your program? Did you find the process useful? If you do not have one, what has stopped you from developing one? What capacity building support would assist service providers to develop program logics and theories of change?

yourtown has developed program logics for all our services, and scheduled their regular evaluation or review to ensure programs remain relevant to the cohorts and communities with which we work. This work is also informing the development of robust theories of change for each program. We tailor each program logic to the specific needs of our clients and consider that theories of change should also be client/customer-centric to address the specific changes required to enhance their wellbeing and life outcomes. We agree that 'off-the-shelf' evidence-based programs cannot always accommodate the needs of individuals and places appropriately, thereby placing their evidence-base in question. We support the Department's move to increasing the evidence-base of services by asking all to demonstrate how their program activities will meet intended outcomes through the development of program logics. We find that this process helps all staff focus on exactly what the program is seeking to achieve and keep key program objectives and aims top of mind in their work, whilst providing a useful starting place for program review and innovation.

However, the development and review of program logics is resource-intensive and, in the main, we self-fund this work through our evaluation and research teams. Hence, we would like to see the resourcing of these activities increasingly funded within service contracts to ensure consistency across the sector, and ensure that smaller programs and organisations can effectively undertake this work. In addition, whilst we welcome the rollover of contracts to help provide stability and certainty of support to clients and sustainability to organisations, we would advise the use of contract variations in this process so that learnings or innovations identified in the regular review of programs and their logics can be incorporated into the contract and program.

6. As longer-term agreements are implemented, how can the department work with you to develop criteria to measure and demonstrate performance? How can the Data Exchange better support this?

We would ask that the Department and Data Exchange:

- **Recognise and measure the smaller and incremental outcomes** that our clients achieve. Given the myriad and complexity of challenges that confront our families, smaller achievements are significant (as further explained in our response to question 7) and are key, often life trajectory-changing, and foundational requirements for achieving longer term and more substantive objectives.
- Acknowledge that progress in outcomes, both those that are smaller and more significant, **often take time**, particularly when working with cohorts experiencing deep and persistent disadvantage.
- As previously mentioned, **incorporate existing performance and outcomes tools** that are widely used in the sector rather than duplicate or move services to new systems.

- Consider how to **link or embed data systems that states and territories use** in their service delivery to the Data Exchange to avoid duplication and confusion in data management and information-sharing.
- **Consider and coordinate with reforms occurring in other specific policy areas** (e.g. the information-sharing work that NOCS is undertaking as previously mentioned, as well as the development of a National Children's Mental Health and Wellbeing Strategy and accompanying information sharing reforms in that area).
- **Provide and support system-wide workforce capacity-building.** The reforms outlined in this consultation require cultural change within the workforce requiring system-wide training, as well as guidance on:
 - Appropriately collecting, managing and sharing data
 - Evaluation methods and preferred approaches (whilst facilitating community innovation and two-way learning)
 - How to share evaluation findings and best practice.

7. What does success look like for your service, and how do you assess the overall success of your service?

Given the range and complexity of the issues that many of our clients encounter, in addition to the developmental stage and age of the children with whom we work, we focus on achieving the smaller goals that pave the way towards longer-term, more substantive and overarching goals such as 'coping better from mental wellness challenges'. For example, for our Starfish clients, a smaller outcome may be reflected in an anxious child feeling safe enough to share their emotions and thoughts with us following 12 sessions without verbally engaging. This approach recognises the significant challenges that this young person faces in engagement (e.g. trust, fear of adults), with this their first real communication with us representing the start of their journey of change.

In addition, over the last few years our child and families programs have been improving the use of tracking and measurement tools. At the beginning of 2020, we implemented the use of a range of Outcome Stars, a measurement tool that is founded on theories of change. Outcome data is preliminary at this stage, and we hope to improve our use and evaluation of this and other measurement tools over the coming year. We have also aligned most of the early childhood development activities undertaken under our CfC FP in Deception Bay with the Australian Early Development Census (AEDC) developmental domains, with success identified as a positive shift in AEDC data for Deception Bay children. Finally, in our FMHSS and Care Plus services, we use standardised measures such as the Strengths and Difficulties Questionnaire and undertake surveys with clients and wider stakeholders about our performance and their experience.

8. Do you currently service cohorts experiencing vulnerability, including those at risk of engaging with the child protection system? If not, how does service delivery need to adapt to provide support to these cohorts?

yourtown focuses on providing services for cohorts of children and families experiencing vulnerability and all of our face-to-face services are located in areas of high disadvantage (identified using our Disadvantage Index). As a result, many of our clients are at risk or engage with the child protection system.

Engaging at risk cohorts

To help such cohorts access our services and overcome barriers such as transport and mistrust of formal services, we provide place-based supports and use outreach and informal events (such as coffee mornings) to help establish relationships of trust, a key foundation needed if families and children are to keep using our services, build trust and make progress. This 'soft entry' to more intensive or targeted services has proved successful for CfC, where we use a range of online activities (e.g. using social media) and face-to-face events (e.g. our fortnightly BBQ at a local caravan park) to facilitate service access for families with complex needs.

In relation to digital services, we would encourage the Department to provide greater focus in these reforms to their provision and to the development and entrenching of a multi-modal service delivery ecosystem. The pandemic has shifted clients, staff and services to more greatly use and effectively access services online and we now have an opportunity to optimise their use. As outlined in our response to Question 1, digital services have significant benefits in terms of facilitating the soft entry of families, who may mistrust formal support or feel stigmatised in accessing it, and in being able to more flexibly fit support and sessions around their lives. Like Kids Helpline and unlike most face-to-face services, they can also provide 24/7 support as well as significantly meet the service gaps in rural and remote communities, which lack many face-to-face services given barriers of location and appropriate workforce.

To help engage children and families experiencing disadvantage, we also piggy-back on universal services, and in particular schools, which have high access rates for many families and where stigma relating to receiving support is reduced therefore. As the CfC FP in Deception Bay, we work collaboratively to ensure vulnerable children and families are supported through the CARE program, which is embedded within the three local state schools. The schools/teachers refer children identified with emotional health and wellbeing needs, and their families to this service and the program delivers a case management service supporting the whole family with the aim of enhancing family functioning by; connecting them to relevant supports; improving the child's coping skills and; maintaining their engagement in school. This model was the basis for our CARE Plus program that we deliver in Port Pirie in South Australia which is funded by the Children and Parenting initiative. Delivered in close collaboration with primary schools, the two programs are well placed to provide early intervention to at risk families at risk of engagement in the child protection system.

Preventing needs escalation

Whilst **yourtown** services are predominantly designed to support children and families most in need, we find that they are also accessed by local families who have high needs (e.g. in mental health) but are ineligible for many services as their needs are not critical or crisis. This is a cohort whose needs we maintain the Department must accommodate as there are opportunities to prevent crisis that currently are not being optimised and to better support families with significant issues before they escalate and, for example, children are removed from their families. We feel this system review offers the opportunity to address this issue and will be more cost-effective in the longer term.

yourtown cautions against the Paper's suggested move towards increased targeting to meet the needs of families experiencing vulnerability and multiple complex needs alone. A system that seeks to predominantly only support those children and families with high needs misses out on significant opportunity to prevent and intervene early to thereby reduce the needs for crises and acute-end support. We strongly recommend that the Department take a public health approach to the provision of families and children services and ensure that both universal and secondary targeted support is offered to optimise the possibility of transformational change for children, families and communities. It is unclear whether the Department is considering any role in tertiary support, which is largely the domain of state and territory services, and this should also be clarified in the reforms moving forward.

Finally, to help meet Closing the Gap targets, we would encourage the Department to embed the collection of data relating to First Australians within the system and to mandate that grant recipients report on how many Indigenous clients they assist alongside relevant outcomes to help address and focus minds on the deep and persistent inequalities that confront this cohort.

10. For all providers, are there other ways to improve collaboration and coordination across services and systems?

Stakeholder meetings (e.g. with family contact support agencies meetings) are helpful ways of coordinating our services and help ensure wraparound support is provided to clients as well as identify other services available locally with whom we can work and further refer clients. We hold regular monthly meetings with all partners in our CfC FP through our Child and Family Alliance initiative and we also encourage those services and programs who are not funded through the partnership to attend. The Alliance supports information-sharing, networking, professional development and builds community capacity through co-ordinated, collaborative responses to identified needs and gaps.

Scheduling more and regular partnership and stakeholder meetings between government (e.g. child and youth mental health services, the police, emergency services and child protection services) and non-government mental health services, in particular, would be helpful to collaborate and provide a holistic response to client needs. We find at times that statutory agencies lack the capacity and/or willingness to collaborate in meaningful and consistent ways with community

services and incentives or further resourcing for all stakeholders to work together would help overcome this.

Our CfC activities in Deception Bay are delivered via a place based approach so that the focus is on the specific needs of the community. Our Child and Family Alliance projects are informed by local needs/gaps, for example, by family and domestic violence, school transitions and engagement and antenatal needs of families. We gain information about local needs through a variety of means including Deception Bay Managers meetings that we facilitate, the Deception Bay Child and Family Alliance, and maintaining close contact with local community stakeholders as well as regional networks e.g. Moreton Bay Local Level Alliance, the Moreton Bay Children's Partnership Group.

12. How can the department best work with you to support innovation in your services while maintaining a commitment to existing service delivery?

yourtown seeks to support service innovation through our research and evaluation practices, and we fund pilots of new models of services to this end. The challenge is resourcing given research and evaluation takes significant time and is an additional consideration for staff to incorporate into their frontline roles when delivering services that are already stretched and in high demand. We would therefore ask that the Department ensures that funding/contractual arrangements recognise and support research and evaluation activities through providing appropriate resourcing to fund them and incorporating them in some way within the outcomes framework.