Brotherhood
of St Laurence
Working for an Australia free of poverty

Stronger Outcomes for Families
Submission to the Department of Social Services, August 2018

Introduction

The Brotherhood of St Laurence (BSL) welcomes the opportunity to respond to this important discussion that potentially has far reaching implications for the way that the Department and providers contribute to stronger outcomes for children and families.

The timeframe and format for response makes it difficult to input in the way that we would like. Given that the paper has potential implications for commissioning (including the relative priority given to place vs population focused, universal vs targeted delivery) we are keen to have deeper engagement with the Department. We would appreciate the opportunity to develop a more fulsome written response and also to have face to face discussions.

As part of our mission to eradicate poverty, the Brotherhood has a deep commitment to working with individuals and in communities in a way that builds capabilities – including the human capital of people and the social capital that inheres in communities. We do so in the service of a vision of social justice that enables people to live lives of dignity and contribution. Thus while our approach to capability investment looks to build the skills and literacies of individual participants, we are also committed to systemic reforms that will create the opportunity structures required to enable participation in paid work, life-long education and community development. The following submission is informed by these principles as they apply to working with children and families who experience income poverty and social exclusion.

Families and Children (FAC) is one of six areas of responsibility for the Department of Social Security (DSS), within which the Families and Children Activity (FCA) is one of 11 identified areas of programmatic intervention. FCA in turn comprises six areas of activity. As the Background Paper indicates, however, only five programs currently funded at $217 million annually are in scope of the review. These programs encompass multiple aims through family law services, advice lines, dispute resolution services, parenting and peer group support as well as HIPPY (which previously sat in the Department of Education). There is a great breadth in this body of work and, on the surface at least, little cohesion.

The review affords the opportunity to consider what and whether the structure of this particular investment will enhance identified outcomes for children and families who are experiencing income poverty and social exclusion. The Department's determination to ensure that the relevant investment is structured by a commitment to specific outcomes for potential participants and their communities is commendable. Likewise, the Department's interest in evidence-base and collaboration among providers and in civil society is welcome.

The Discussion Paper is structured around a series of linked yet specific questions. While clearly pertinent to the aims of the paper, we have found it necessary to think more expansively about the questions so that we can offer our considered perspective on the purpose, scope and depth of reform. We have also included responses to some of the more specific questions asked.

Principle 1: Outcomes

According to ecological theory, child outcomes can be viewed as being influenced by families, communities and broader social and economic conditions; and intervention programs can seek outcomes in these areas in their own right. In child development theories, child outcomes are best understood holistically as the intersection of physical, social-emotional and cognitive development. The usual way of capturing outcomes in these aspects is in relation to safety, health, wellbeing, learning and development.

We broadly agree with the outcomes suggested in the Discussion Paper. Nonetheless, we contend that a more structured approach to outcome measurement is required, whereby outcome domains are supported by specific indicators relevant to program and project purpose and delivery, and supported by validated measures. This will make it possible to demonstrate the contribution that specific programs and projects make to identified outcomes over time (including outcomes relevant to delivery as well as outcomes logically related to the over-arching domain).

The paper identifies three domains —- learning capability and school readiness, safe environments, and positive relationships —that encompass outcomes for two groups: children and families. These broadly align with the outcomes achieved by HIPPY. While this specification of outcome domains is important, we consider it limited.

First this structure does not encompass outcomes that pertain to the characteristics and dynamics of the communities in which families reside and thereby the opportunity structures that exist for social and economic participation and connection. These are also protective factors for the creation of nurturing relationships within families, assisting them to build resilience.

Second there is also no domain that incorporates system-level process outcomes. Albeit these are indirectly related to client outcomes, and the papers only discuss client level outcomes. We consider that ensuring that publicly funded programs and projects do not add unnecessary complexity to the lives of participants and instead interact to strengthen outcomes is consistent with Government stewardship. However, this requires specific attention to the structure and suite of services.

Both of these latter categories – community and system level outcomes domain – are of particular significance given the emphasis in the Background and Discussion Papers on place, community-connection, consortia and collaboration. Nonetheless further clarity on these factors will be required before the relevant domain could be specified. For example, if the intention is to ensure that programs funded through this stream complement universal services, system level outcomes would include indicators with which to assess how well this is done.

Finally we note that learning is a continuous process that does not start at school. While school readiness indicators are important, these form part of a broader suite of indicators that can predict educational attainment, including the quality of the home learning environment and opportunities to participate in other learning activities, both structured and informal. It is important to distinguish between child and parent outcomes, rather than include these as overlapping categories.

In conclusion, given the nature of this funding stream there is the opportunity and flexibility to develop program-specific outcomes that indicators that refer to the following:

- **child outcomes** –- including safety health, wellbeing, learning and development
- **parent outcomes** –-- including safety, health, wellbeing, parenting confidence and family relationships
- **community outcomes** –- including social capital indicators and levels of social and economic participation
- **system level outcomes**.

Recommendation 1: Layered outcomes
Develop an outcomes framework that includes layers: domains; indicators, and measures.

Recommendation 2: Experience-informed outcomes
Involve people experiencing the kinds of disadvantage that the FCA funding stream is designed to redress in design of the outcomes framework

Recommendation 3: Community level outcomes
Include in the outcomes framework a domain that pertains to the community, through which progress to reduce locational disadvantage can be considered

Recommendation 4: Systems level and process outcomes
Include in the outcomes a framework a domain for process outcomes that speaks to the health of the system of service provision.

Funding

The Brotherhood has long been a vigorous advocate for a strong universal system of services with anti-discrimination and targeted counter-discrimination measures for disadvantaged populations and for ensuring that services evolve in response to the diverse nature of communities where they are located, as part of a place-based approach. (The concept of *progressive universality* is first captured in the publication: Harris, P (1990). *All our children: children's entitlement to health, education and community services*. Melbourne: Brotherhood of St Laurence)

The BSL also strongly supports funding allocation based on needs. However, how and where this funding is distributed (place and/or population; specialist services and/or universal platforms; targeted at highest need or not) must be carefully considered according to the purpose of an intervention, the intended outcomes, and the capacity to control the factors that determine factors for those outcomes, including the funding investment. Following the Australian Institute of Family Studies report we also carefully consider when a place-based response is preferable to or complementary to a population-focused response (AIFS (2018). *Report– Place-based collective impact: An Australian response to child vulnerability.* Melbourne: AIFS).

For this reason we do not presume that the universal services provided in disadvantaged communities should always or often substitute for targeted prevention/early intervention delivery among disadvantaged cohorts, especially where significant investment is required to address marked inequality of opportunity. From our experience of service delivery with diverse populations experiencing disadvantage we also know that highly marginalised and excluded people often report feeling discriminated against, or intimidated by mainstream or universal services. It is the collaboration and pathways between specialist, targeted delivery and the universal platform for highly disadvantaged groups that are critical to improve child, family and community outcomes. And

it is this intersection that is so often neglected in current funding agreements, including through specific outcome measures.

Currently Stronger Outcomes for Families provides funding for targeted programs with a prevention and early intervention focus. HIPPY is one of these programs. It is a place-based initiative that has a prevention and early intervention focus for disadvantaged children in disadvantaged communities. There have been many studies of HIPPY, including three independent evaluations commissioned by DSS: Liddell (2011); Urbis (2013) and, most recently Acil-Allen (2018) which found HIPPY is generally effective in achieving its intended outcomes – including school readiness - and provides a positive return on investment.

Regardless of whether the platform is universal or targeted, continuing investment should value the importance of continuity of service provision in disadvantaged communities where long lead times are needed for community engagement and long-term investment is needed to build trust and service effectiveness. Achieving scale for programs with demonstrated outcomes will require increased fidelity to program logics and practice frameworks.

DSS has previously indicated in response to the Harper Review that it is interested in outcomes funding. Accordingly it makes sense that, within the Families and Children Activities investment, DSS develop funding which pertains to:

- developing learning capabilities and school readiness
- supporting families to create safe and nurturing environments in which children can develop
- improving family relationships (so that all family members can thrive)

Rather than dividing funding into three streams, it may make more sense to ensure that funding is well targeted to people living in disadvantaged circumstances and delivered in ways that contributes to place-based approaches and strongly connects to universal services. The BSL believes that principles pertaining to place, program and population can be effectively combined in an approach to funding that is based on outcomes.

Additional criteria with which to prioritise funding could include reference to the community outcomes domain and system level outcomes, which would place emphasis on working effectively and collaboratively with the variety of programs and providers already in situ to avoid replication and complexity. By implication, the BSL supports a place-based and reasonably targeted approach. Nonetheless, the way that such interventions relate to and support universal systems is an issue for consideration in selecting interventions.

Recommendation 5: Programs contribute to community level outcomes
Require funded programs to demonstrate a capacity to contribute to community level indicators.

Recommendation 6: Connection to universal services
Structure funded programs to complement, deepen and enhance the outcomes sought through universal programs and place-based initiatives.

The funding process as part of commissioning
Like the DSS, the BSL contends that in working to achieve specific outcomes, funding processes and relationships are critical.

The BSL considers the funding process - from the design of policy parameters, to the release of a tender, to the assessment of applications and awarding contracts – is part of a broader framework

referred to as commissioning. The BSL addressed this issue in its submission to the Productivity Commission's Inquiry into Human Services. Our analysis (previously discussed at length with the Policy and Strategy Division of DSS) is based on our direct experience of different models of commissioning where 'we have skin in the game', including:

- variants of prime provider models (HIPPY, Saver Plus, Work and Learning Centres);
- communities of practice (Education First Youth Foyers, Transitions to Work, Developing Independence); and
- sub-contracting.

Funding processes can be structured in ways to exclude or include the participation of small agencies which lack the corporate resources and organisational systems to prepare extensive tenders and modelling within short time frames.

Consistent with our efforts to maximise diversity of human services, we have promoted commissioning models (including communities of practice and prime provider approaches) that posit mechanisms for enabling small organisations with deep local connections in their communities to successfully tender for and implement programs.

Within complex policy domains with both significant demand for effective interventions and also competing strategies for achieving change, government has a particular responsibility to co-design solutions with local providers that promote sustainability, collaboration and effectiveness in the services of the individuals affected by disadvantage.

The model of collaborative commissioning that we prefer is designed to be fit for purpose/outcome and includes an extensive and ongoing role for government, highlighting the dimensions of Governments role as steward.

The BSL has no opposition to consortia, but notes that this is only one of many structures for a collaboration between delivery agencies. Whether or not such arrangements are fit for purpose relies on additional criteria, including whether the arrangement will promote the following benefits, above and beyond what could be achieved by a single provider:

- the creation of public value

- the likelihood that outcomes will be achieved

- fidelity to evidence-based practice frameworks

- greater stability and sustainability in service provision

Recommendation 7: Pre-tender co-design
Work with relevant communities of interest to define a shared understanding of the parameters of the scope of intervention prior to the release of tenders. This would involve a co-design approach prior to tender.

Recommendation 8: Collaborative and enabling provider relationships
Ensure sufficient advance notice of tenders, to allow small providers an opportunity to submit, and/or potential providers to form relationships that would allow for collaborative arrangements. Commission 'enabling organisations' to support smaller organisations to provide services, where appropriate.

Indigenous Grants Policy

The Brotherhood has current experience in delivering HIPPY to Aboriginal children and their families. Since 2014, we have been partnering with ACCOs to deliver HIPPY – there are 16 Aboriginal community organisations delivering programs in 17 communities. We have also been building linkages between HIPPY and ACCOs to strengthen the HIPPY offering in places such as Armadale, WA and Nambucca Heads, NSW).

Over a third of the HIPPY workforce identifies as Aboriginal and Torres Strait Islanders. HIPPY builds the capacity of local people as coordinators and home tutors including an intentional professional development and capability building approach (strength based) of *Pathways to Possibilities*.

The prime provider model we use to deliver in HIPPY builds on and strengthens capacity of local organisations, including Aboriginal Community Controlled Organisations. Despite the success of this approach, there are also major challenges involved in doing this work effectively – which we continue to work though and learn from. For example, HIPPY is currently building a community of practice that reflects the cultural sensitivities and rhythms, and provides cultural safety which is supporting providers and should foster increased Aboriginal and Torres Strait Islander engagement and completion of programs.

The Productivity Commission Inquiry into Human Services concluded that the remoteness of many Aboriginal communities pose a number of challenges that are consistent with BSL experiences. Key challenges include: increased cost; provision of the range of services needed; recruiting and retaining skilled staff with the necessary cultural competences; inability of some communities to support full-time staff; travel difficulties and lack of access to online opportunities. The Commission has identified a number of success factors for more effective service provision: including greater community voice; clearer outcomes developed through working with communities; effective government structures and processes; building community capacity and developing effective learning systems. It makes 6 recommendations for future investment in Aboriginal Communities, including for commitments to 10-year funding cycles.

Recommendation 9: Valuing and strengthening First Nations communities' capabilities
Implement Productivity Commission recommendations to reform commissioning processes for remote area child and family services by committing to ten year funding cycles; amplifying community voice in identifying outcomes and services delivered; and enabling approaches that value and strengthen the capabilities of ACCOs**.**

Principle 2: Targeted service delivery

Cohort

Identification of particular population groups in the Discussion and Issues Papers as disadvantaged is problematic. For example, culturally and linguistically diverse groups are not necessarily excluded or impoverished. We believe that consideration of income poverty and social exclusion indicators provides a better approach to identifying those in need of additional assistance.

Income poverty is typically assessed by measures such as the Henderson Poverty Line and the OECD 50% and 60% median income measure. However, the Brotherhood recognises that the experience of poverty is not fully captured by income measures alone. For this reason, we developed the Social Exclusion Monitor which measure exclusion in the following domains: material resources, employment, education and skills, health and disability, social connection, community and personal safety. These are not cohort-specific.

Consideration of these domains could be complemented by vulnerability indicators (such as developmental delay) and risk factors.

Retaining an element of flexibility, whatever criteria is applied, is critical. Application of strict eligibility criteria can result in unintended consequences including stigmatisation and families in need can fall through the gaps, and can be at odds with preventative programs that seek to intervene when there is risk. For example, criteria around homelessness may exclude someone experiencing housing instability.

Recommendation 10:
Prioritise access to funded services for those experiencing income poverty, social exclusion and emergent risk factors known to compromise family resilience and child outcomes

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Access to services for individuals who experience the forms of disadvantage under consideration is a complex issue. Relevant considerations certainly include cultural safety for First Nations communities together with responsiveness of practice frameworks and approaches for different communities more generally.

We agree with the Background Paper's contention that demonstrating competence and culturally appropriate practices should feature in funding agreements. Providers should have a comprehensive strategy to develop deep relationships in the communities where they operate and have the processes in place to support outreach activities that will identify families at risk or with vulnerabilities.

Strategies, backed by resourcing, to assist strengthen the capabilities of providers might include:

- establishing communities of practice to share learnings and build capabilities
- supporting providers with an established reputation and evident community relationships to adapt to changing needs
- requiring providers to include direct participation by users of services and local community members in governance mechanisms, particularly regarding the design and delivery of services.

Recommendation 11: Building cultural safety in mainstream providers
Encourage the formation of communities of practice with Indigenous leaders to spearhead the development of culturally safe and inclusive practices in mainstream organisations.

Recommendation 12: Embedding the voice of service users
Embed participatory process in service design, delivery and practice requirements. For example, encourage the inclusion of client and community representation in governance mechanisms.

Location

The Brotherhood agrees that location matters, with strong evidence that Australian communities are becoming increasingly segregated along income and wealth lines and that the better-off communities also have better infrastructure and resources. Child vulnerability correlates closely with place-based disadvantage, with children in the most disadvantaged areas more than four times as likely to be developmentally vulnerable as their peers in the least disadvantaged areas.

Recent policy work by DSS, to which the BSL has contributed, includes sound principles for place-based approaches. The BSL has summarised what is needed (Source: *What next for place-based*

initiatives to tackle disadvantage? 2015). Importantly, government needs to be re-positioned as an enabler of community-driven change. This would mean:

- committing to long-term investment of at least 10 years in identified communities
- sharing governance arrangements, together with appropriate devolution of power and decentralisation of decision making to allow significant and meaningful local involvement in determining the issues and solutions and investing in 'powering up' the community to be part of this governance
- aligning efforts and resources between different parts and levels of government, which also means working with existing networks and infrastructure
- making available government administrative and other data for community-level planning
- supporting capability for tracking change and assessing outcomes through funded, collaborative forms of local research and evaluation

Community and system level indicators and outcomes (discussed in Principle 1) would be of particular importance for evaluating success and impact of future place-based initiatives.

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

In our view disadvantage should be the starting point for identifying locations for place-based interventions, informed by the *Dropping off the Edge Report* (2015 Jesuits and Catholic Social Services).

Additionally, specific consideration ought to be given to place-based approaches in communities living in the outer areas of our major cities, the growth of which has restructured the location of disadvantage. Many of these communities are experiencing early warning signs of disadvantage – which is amplified by remoteness from jobs, lagging social and economic infrastructure and social isolation.

The effectiveness of a place-based approach is affected by community readiness. The Harwood Institute's work on community rhythms and stages of community life is instructive in identifying the different phases of community life and developing tailored approaches to meeting communities where they are at in order to build capacity to mobilise. Translated to the Australian context, it highlights that different methods to engage and involve community are needed in different locations depending on the state of a community (including its aspirations, organisation, leadership, institutional capacity and collaboration etc.) and will change over time. Time frames for delivery of place-based approach need to be adjusted according.

Recommendation 13: Addressing locational disadvantage
Prioritise investment in place-based approaches in areas of locational disadvantage.

Recommendation 14: Community readiness
Commission place-based interventions matched to community readiness that are designed to strengthen community capacity to mobilise for change.

Principle 3: Data and evidence driven
Evidence informed programs

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 BSL has an active evaluation strategy across its portfolio of programs, supported by further research into the causes, characteristics and consequences of income poverty and social inclusion. We have invested in developing adaptive methodologies to support developmental evaluations that simultaneously give consideration to emergent outcomes and impacts on participants and communities, while investigating the structure and features of service provision which promote these ends. This approach combines data and narrative, ensuring that we can contextualise quantitative indicators in locality, policy context and lived experience.

In HIPPY, for example, data is collected directly from participants. HIPPY has created its own performance management system which routinely collects process and outcome data at key points of the program, including entry and exit. Staff engage in reflective practice as essential to professional development and continuous improvement. Additionally, we conduct longitudinal research using validated tools and data matching protocols. The breadth of these strategies reflect the BSL's commitment to research and evaluation. Importantly, however, these activities are enabled by the relationship with the Department, which includes funding for the prime provider – which includes a community of practice - and specific investment in research.

Recommendation 15: Communities of Practice
Commission for collaborative mechanisms, such as communities of practice, to foster information sharing and learning from practice experience.

Recommendation 16: Research & Evaluation
Support direct investment in formal research and evaluation that is co-designed with providers.

If you are a service provider, would you be able to demonstrate your service is supported by evidence? How long would it take you to demonstrate this?

The Brotherhood is committed to gathering and presenting evidence to support all its interventions. Since its inception in Australia, the delivery of HIPPY has been complemented a strong program of research, beginning with a process evaluation of the first intake of children and their families, which has built on the international evidence base, and numerous research studies since. The next tranche of this research, the HIPPY Longitudinal Study, is currently in the field with a final report due in June 2018.

For us and many other services, developing an evidence base is not simply about time. There are important debates, epistemological and ethical, about what constitutes evidence and how the approach to collation can support sensitivity to context and innovation. The BSL is cautious with regards the relevance of randomised control trials (RCTs) to social policy interventions whose purpose is personal and community transformation rather than transactional relationships. RCTs are undoubtedly a useful method with which to establish causality in specific contexts, drug testing for example, but not necessarily in conditions of complexity. Nonetheless, evidence derived from this method sits atop many evidence hierarchies. (The rationale for this is based on arguments which suggest that evidence obtained through this method can be generalised across context; we can be

confident about attributing effects to specific interventions by isolating variables.) In our experience, however, what works is informed by context, what works in one community may not work in other, local adaptation is important. Thus triangulating multiple types of evidence is essential.

Moreover, evidence does not sit apart from its interpretation. Data does not speak for itself and can support multiple interpretations.

Recommendation 17: Multiple forms of evidence
Develop an expansive definition of evidence that recognises the importance of triangulating multiple forms of evidence

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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 longer term?

Success needs to be understood through the triangulation of multiple sources of data. In the HIPPY Longitudinal Study, for example, this includes documentation of what the program provides, the views and insights of the families, independent assessment of children by our researchers, and data matching with AEDC and NAPLAN sources. It involves assessing change over the life of the program and then plan data matching that provides a medium term and longer term measure. Children early learning and literacy skills are being assessed when entering the program, midway through, and at the end of the two-year program. Scores on this assessment are compared with Australian norms for their age group.

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

There is undoubtedly value in the development of national indicators that facilitate comparative analysis between communities. Nonetheless, it is important that individuals, families and communities are encouraged to articulate their own aspirations and that progress towards these is considered relevant when assessing progress in different communities.

Recommendation 18: Participant input into research and evidence
Provide scope to include participant aspirations in the evidence and evaluation framework

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Would you be supportive of reporting on client outcomes through the Partnership approach?

The Background Paper canvasses the possibility of mandating participation in the "Partnership Approach" to facilitate improved and more consistent reporting. The mandatory data included in the Data Exchange Framework is comprehensive. While there are undoubted benefits with standardised approaches to data collation and reporting, there are also limitations.

While DSS SCORE is a potentially productive framework, it focuses on deficits rather than strengths. Likert scales assessing deficits rarely capture the complexity of the journey to individual or social transformation, nor can this method of analysis reveal the varied pathways individuals, or families might travel to achieve resilience and inclusion. Moreover, there are issues of inter-rater reliability. If such scoring systems do not accommodate the complexity of work, they will not yield results that can be meaningfully incorporated in program improvement and will thus be perceived as taxing the workforce and families with unproductive levels of surveillance for little reward.

The BSL would welcome an opportunity to work with the Department to develop relevant benchmarks and progress pathways that could be used within programmatic contexts to facilitate improved reporting so that Government has greater visibility regarding the impact of its investment.

Recommendation 19: Co-design of strengths based benchmarks and progress pathways
Use the DSS Score to work with agencies to refine measures that both meet the need of accountability and capture the complex pathways of individuals to achieve outcomes.

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

Mindful of the comments above, implementing the Partnership Approach would involve: 1) deciding which indicators in the SCORE framework were relevant to delivery; 2) identifying non-deficit-based tools with which to translate relevant SCORE categories for application; 3) developing protocols and training for implementation; 4) review of current data collection to minimise duplication but also retain strategies to develop a more comprehensive understanding of delivery and impact 5) configuring databases to allow collection and reporting.

This would constitute a significant project, particularly given the scope and scale of delivery in HIPPY.

Principle 4: Early intervention and prevention

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

HIPPY operates as an early intervention program, with four and five-year-old children. The main focus is on improving child and family outcomes by enhancing parent capacity to be the best first teachers for their children and nurture their child's wellbeing and development. The program also focuses on improving family connections to community activities and other sources of family support and building bridges to economic participation. The Acil-Allen review of HIPPY for DSS found that 'HIPPY is generally effective in achieving its intended outcome and provides a positive return on investment'.

If you are a service provider, what is currently preventing you from providing early intervention and prevention services to improve the three outcomes mentioned?

While HIPPY has an important presence and influence in 100 disadvantaged communities, its reach is limited to a small percentage of communities, children and families that could benefit. There is considerable scope to scale it up.

Since 2014 DSS and the BSL have been considering bringing forward HIPPY program commencement – so that it starts when children are three rather than four years old – to maximise the benefits of early intervention. The Brotherhood has successfully trialled a program starting one year earlier with three-year-olds, which could be further developed for broader application. The value of an earlier point of intervention for improving child outcomes is well supported by the evidence (Askew, D., Egert, S. & Dommers, E. (2015). *HIPPY age 3 development project.* Melbourne: Brotherhood of St Laurence).

Stronger complementary supports – through both universal platforms and targeted services – would help strengthen family capacity to address day-to-day challenges. This in turn would increase the benefits flowing from participation in HIPPY.

Effective place-based approaches would situate HIPPY as part of a coherent offer of stackable interventions available for vulnerable families. The lack of a systematic approach currently undermines efforts to join up mutually reinforcing initiatives.

How could government and service better balance crises support with early intervention and prevention services?

FCA and FAC needs to be situated as part of a broader national strategy for child and family wellbeing that provides a coherent approach at both population and local place level.

The current policy response is piecemeal, with highly varied approaches across the nation. The interplay of federal, state and local government efforts, and the disconnect between early childhood education and care, child and family services, employment initiatives and place-based interventions create a highly fragmented landscape that lacks an effective mechanism to connect families with the supports they need. In some instances this dissonance further entrenches disadvantage (e.g. the ECEC activities test will reduce the access of vulnerable children to early learning, despite them having the most to gain) or misses opportunities to work holistically with families to address disadvantage (e.g. Parents Next is a limited offering).

A national strategy should rest on a strong system of progressive universalism that recognises some children, families and communities require different and greater support to achieve equitable outcomes – whether that be through enhanced measures to access universal services, or more targeted interventions.

The following table summarises the Brotherhood's understanding of the continuum of interventions from universal through to tertiary interventions.

Promoting Wellbeing	Prevention	Early intervention	Secondary intervention	Tertiary intervention
Population wide	Usually universal	When some potential risk factor has been identified	Targeted at specific groups and behaviours	Highly targeted at 'problem' groups
Universal services, e.g. child and maternal health, early childhood education and care, preschool and schools, focus on promoting positive wellbeing and development. Special measures are needed for equity of access for disadvantaged groups	Prevention programs seek to reduce or eliminate an identified or potential problem. Awareness campaigns and interventions to build protective factors and resilience are preventative.	When a potential issue has been identified, an early intervention can ensure that it does not go any further. Effective early interventions prevent or arrest problems early in a child's life, or at early stages in the development of problems.	Secondary interventions are targeted at groups and/or behaviours that have been identified as a particular issue or problem. They attempt to stop further risks or problems developing.	Tertiary interventions deal with multiple and complex issues when there is a need for a highly targeted approach and specialist services.

Public investment is needed right across this continuum, as part of a coherent national strategy.

The critical question for this review, however, is where to invest the limited Stronger Outcomes for Families funding. It is our view that this funding should be reserved for targeted approaches. Interventions that identify, prevent, and arrest emerging vulnerabilities must be clearly in the frame. This requires prioritisation of measures that identify children, families and communities at risk and intervene at the earliest opportunity. For the most vulnerable families, mutually reinforcing interventions that start early in a child's life and are delivered over a sustained period so the effects are carried forward are needed.

Recommendation 20: National Child & Family Wellbeing Strategy
Develop an overarching National Child and Family Wellbeing Strategy that situates Stronger Outcomes for Families within a range of mutually reinforcing initiatives

Recommendation 21: Prioritise early intervention
Expand investment in early intervention initiatives under the Stronger Outcomes for Families initiative

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Principle 5: Collaborative

The Brotherhood gave extensive consideration to how Government could support collaborative commissioning in our submission to the Productivity Commission's Inquiry into Human Services, in which we endorsed the following principles:

- Social capital is the key to sustainability.
- Collaboration drives innovation.
- Better integration is the key to a more effective service system.
- Small organisations are the key to unlocking community altruism.

In addressing the role that government should play in ensuring the effectiveness of human services, we identified principles - which have been discussed earlier in this submission - to shape collaborative commissioning that are readily applicable to the FCA initiative.

Recommendation 22: A framework for collaborative commissioning
Develop a framework for commissioning that**:**
- Demonstrates processes for amplifying the voice of citizens in individual human service systems
- Block funds community inclusion services to mitigate the atomising effects of marketisation where individualised funding is provided
- Invests in navigator /advocate roles to assist most disadvantaged people to navigate complex service systems and markets
- Resources co-location to foster formal and informal collaboration between providers and across service areas
- Allocates funding specifically for integration where providers are expected to collaborate
- Invests in a more integrated support system for people who require multiple services by funding enabling organisations to develop capacity for collaboration
- Adopts an expansive view of stewardship in which government is more –not less– involved in working with providers to ensure positive social outcomes
- Develops commissioning responsibilities to intermediary bodies where it would improve the effectiveness of services
- Invests in peer support networks to facilitate co-production

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- Provides for social capital in tendering and contracting processes, for example by requiring potential providers to demonstrate genuine connection to community.
- Adopts a definition of commissioning which reflects a balancing of service provision to give greater voice and control to citizens
- Funds enabling organisations to build the capacity of local community providers
- Commissions for purpose, ensuring program design, provider selection, implementation and mode of coordination all serve policy goals.

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