



Brotherhood of St Laurence

Working for an Australia free of poverty

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Submission to DSS Consultation Paper “Supporting Improvements to the Families & Children Activity” from the Brotherhood of St Laurence – February 2021

Introduction

The Brotherhood of St Laurence (BSL) welcomes the opportunity to respond to this important discussion and acknowledge the potential for far reaching implications for the way that the Department of Social Services (DSS) and providers work together to support better outcomes for children and families.

As part of our mission to eradicate poverty, BSL 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 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 and structures required to enable participation in paid work, life-long education and community development. This submission is informed by these principles as they apply to children and families who experience income poverty and social exclusion.

We agree that families play a key role in our society and are among the most important influences in a child’s life. Well-functioning families support children to grow, develop and have the best possible start in life. We also know from our experience in delivering programs to support children and families such as the Home Interaction Program for Parents and Youngsters (HIPPY), that Government funded interventions can be life changing when they are done right.

Principles for reform

The key focus of any reforms needs to be improving and measuring outcomes for Australian families and children and we offer these principles as a guide to maximise that investment being targeted:

1. **Outcomes focus:** shifting our focus from measuring inputs and outputs to outcomes, ensuring we highlight what is achieved and the difference made in the lives of families and children.
2. **Targeting our services:** ensuring the families who will gain most benefit from the services are receiving them as a priority. Families who experience disadvantage, vulnerability, multiple complex needs and cross service access are provided services to reduce future risk, maximise prompt support to support family cohesion and employment and hence minimise costs for other areas of federal government expenditure such as health and social security.
3. **Collaboration in place:** community connections are not just important for families but for service providers also. Organisations and partners need to systemically and functionally come together to work better and provide better access. Families need holistic support and cannot achieve better outcomes when challenges are supported in isolation.

4. **Funding certainty:** service providers build trust with families with a secure workforce. Longer term grant agreements allow service providers to provide job security and hence invest in a workforce. It also highlights Australian Government's longer-term investment in Australia's children and their families.
5. **Service capacity building:** investment in service providers to ensure quality, monitoring and evaluation practices are in place can create a more effective view of the government's investment. Organisations can learn to continually improve and innovate based on data and evidence they are supported to collect.

This 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.

FOCUS AREA 1 - RECENT & EMERGING IMPACTS ON SERVICE DELIVERY - COVID-19 etc

Service development – the opportunities and challenges of remote service delivery channels during extended lockdowns.

Our service teams undertook a significant amount of service development work in a very short period to adapt to remote engagement modes during extended COVID lockdown periods. Practitioners expressed pride in their ability to innovate under pressure and provide timely leadership to their networks and an adaptive service to their participants. Remote engagement provided opportunities for the BSL to continue to support vulnerable families and children at a time when face-to-face services were not possible.

However, service teams did encounter numerous challenges in implementing adjustments to service delivery modes. There were limitations to practitioners' capacity to communicate with service users, most notably difficulties reaching some service users and challenges communicating with those with low levels of English literacy. While technology largely enabled remote engagement, it also presented a barrier for many service users who had limited access to suitable devices or adequate internet connection or data. Despite increased needs for services, engagement levels were inconsistent between service users and over time, with increasing disengagement and reductions in recruitment as the lockdown drew on. Practitioners observed that these challenges prevented them from gaining a complete understanding of the hardships faced by service users during the lockdown period and so limited their capacity to respond and provide adequate, holistic support to those most disadvantaged during the crisis.

Much of the impacts of adjusted service delivery modes remain unknown, due to limited communication and engagement of many service users. The suspension of face-to-face service delivery modes is predicted to have exacerbated the experience of social isolation for many service users and reduced the capacity of children's programs to achieve social outcomes. Practitioners are concerned remote service delivery modes limit opportunities to build rapport and trusting relationships between practitioners and service users, and some fear inadequate communication

and sudden suspension of services may have even damaged relationships between service providers and the community.

To mitigate these negative impacts, service teams prioritised maintaining connection with service users via introducing or increasing outreach, shifting to a “*wellbeing focus*”, increasing the intensity of service per user and offering new programmatic content and resources. These efforts were appreciated by the smaller number of service users who continued engagement throughout the lockdown, with many demonstrating increased interest and active participation in program activities. Moreover, practitioners feel adjustments to service delivery modes have enabled them to develop stronger service relationships with users who were showed more inclination to “*open up*”, resulting in more appropriate and individualised service responses.

“We went from no online presence, to delivering a whole school social and emotional program across several grades.” (Frankston North)

“It’s been good to discover alternative ways, to be innovative. We wouldn’t have set up a Facebook group before, COVID-19 was a catalyst.” (HIPPY Provider)

Key issues from modified service delivery approach during COVID Lockdowns

Some of the key issues faced by families included but not limited to:

1. Parental skills and confidence to support children during remote learning requirements
2. Families had strained or non-existent relationships with education professionals
3. Digital literacy challenges and low literacy and/or English skills
4. Financial concerns and job/study loss
5. Increase in experiences of family violence, mental health and substance abuse

Further information can be read via our [‘COVID 19 Voices from the Frontline’ report](#) which provides detail on both the impact as well as recommendations on how we can address COVID’s impact on people experiencing disadvantage.

Our learning is that providers need to adopt a flexible, paced and individualised approach to supporting service users to re-engage. Practitioners are aware of service users’ heightened anxiety and will need to factor in service users’ safety and sense of safety as they continue to make the adjustments to services. Service teams have new opportunities to incorporate new insights, practice approaches, innovations and service developments into their core business. Our services will continue to adjust to the unpredictable stage we are all in. Some of the key changes to activity in 2021 are:

- Group numbers will remain smaller
- Blended delivery of virtual and face to face practices to retain engagement
- Monitoring of workloads for staff as responding “outside of scope of role” in relation to COVID-related demand continues
- Referral management for families and collaborating with local service providers to support more

Some aspects of our service delivery have improved due to the COVID 19 pandemic. Staff were forced to upskill quickly and adapt to change that may have taken longer to achieve without the pressure of the pandemic. There has been an increased emphasis on investing in the parent and the home environment. Our programs have continued to demonstrate this practice by tailoring our services to parent capacity building and parent-child relationships. Without these critical building blocks, families would have experienced significant decline in relationships and coping during the lockdowns. The following adaptations were made:

1. Digital communication processes that were not present were introduced including WhatsApp groups, email access and QR Codes and these have facilitated accessibility both due to increase of these offerings as well as families having greater engagement with services.
2. Increased resources in culturally diverse communications including translated materials, translation services and bicultural workers
3. Service responses were initiated and implemented based on gaps and access needs for the community including food security responses, hard lockdown outreach and wellbeing checks
4. Being able to increase our COVID-19 workforce surge capacity with the Victorian Government's Working for Victoria initiative providing funding for us to establish our [Family Learning Support Program](#) to coach parents to liaise with their school and improve their digital literacy to support their children through home learning made a huge difference. Through supports, parents improved relationships with their children in their learning; and improved relationships with school personnel.

New Service Users

Given the pandemic led to newly unemployed group of people, we engaged with first-time recipients of services and/ or social security who were experiencing shame and guilt about asking for help from services, with debt, borrowing money from family or friends and living week to week their main drivers. The Federal Government could play a role in taking the stigma out of seeking help and normalise it via an advertising campaign to remind people that this is a difficult time for everyone and it's ok to ask for help as services exist for this very purpose to ensure families are supported.

"There is a huge new cohort of people who have never experienced the welfare system - this is first time they have had to ask for help. Debt, borrowing money from family or friends and living week to week were the drivers behind joining our Saver Plus program."

"They shared that they don't talk about money with their friends as their social circle are in different situations. Equally, they found it confronting talking about money and seeking help from services."

Impact of increased JobSeeker rate

At a broader systemic level, it is worth noting that the increased Coronavirus Supplement is not only pulling families out of poverty and reducing their financial and social exclusion by helping them eat properly, pay bills on time, avoid debt and be more job-ready, it's also reducing parental stress levels as well which impacts the home environment for their children. The longer-term benefit of this reduction in parental anxiety will be parents being more emotionally and psychologically available to their children. We are confident that service demand would have been greater had the Coronavirus Supplement not been put in place given how much it has alleviated stress levels. We have publicly called for an increase of a minimum of \$25 per day for the permanent JobSeeker rate.

Key Learnings and recommendations

1. *Service capacity required as virtual engagement was increased due to more one on one interactions rather than group setting approaches.*
2. *Investment must be sustained to build parent capacity and confidence to see change in child outcomes.*
3. *Funding accountability flexibility needs to be provided in times of crisis to help providers pivot targets, activity and timeframes.*
4. *Digital Literacy and digital access were critical to remaining connected both between family to service but also family to family. Communities played a critical role in supporting each other during lockdowns. Broadband and digital device access should be facilitated where possible.*

5. *The Federal Government could play a role in taking the stigma out of seeking help and normalise it via an advertising campaign to remind people that this is a difficult time for everyone and it's ok to ask for help as services exist for this very purpose to ensure families are supported.*
6. *Whilst the Coronavirus Supplement reduced financial stress and increased capacity for families to meet their basic needs, it also ensured the service sector wasn't too overwhelmed at a time when it was assisting people newly engaging with services. We reiterate our call for a permanent increase of a minimum of \$25 per day for the JobSeeker rate.*

FOCUS AREA 2 – OUTCOMES

Layered 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 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 see a need for tailored funding to be applied to outcomes. If we challenge the current system to apply layered outcomes, a framework can include domains, indicators and measures. A need for program specific outcomes can be applied in the following layers:

1. **Child outcomes:** including safety, health, wellbeing, learning and development
2. **Parent outcomes:** including safety, health, wellbeing, parenting confidence and family relationships
3. **Community outcomes:** including social capital indicators and levels of social and economic participation that can be viewed to track progress to reducing locational disadvantage
4. **System level outcomes:** outcomes that speak to the health of the system or service provision.

Investment in tailored data collection

Once we have clear visibility of the outcomes measured and the data collected, investment in data analysis resources would be beneficial to maintain focus on evidence. We see benefit in internal development of service providers to upskill their program workforce on how to analyse their data.

Information gathering practices of service providers are unique based on who they are working with. When developing outcome measures and frameworks, it is important to understand how the discussion with the participant will be framed. Working with families who have low literacy skills, English as a second language, living with a disability or developmental delay requires additional resources of support to gather the required information in a way that yields useful data.

Change required to achieve outcomes is very much set at the pace of the family. Attitudes, knowledge and behaviour need to shift for outcomes to be achieved. This practice requires additional investment to ensure service providers are skilled and trained. Applying a framework such as a Theory of Change or Program Logic requires training and development resources that not all services providers have access to. To effectively implement a strong outcomes framework, we need to invest in the workforce to bring that framework to life.

Key Learnings and recommendations

1. *Outcomes need to be tailored to program objectives and from a strengths-based approach.*
2. *Activity can shift as we have learnt through COVID 19, however the outcome objectives remain.*
3. *Additional investment into service providers to embed frameworks effectively must be considered in funding provision. It isn't a matter of providing tools, an investment in capability uplift is required.*

FOCUS AREA 3 – EVIDENCE

Evaluation Strategies

In considering how the programs we are delivering is making a positive impact on outcomes for families and children, 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 exclusion. 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 our [HIPPY program](#), 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.

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. Some of the barriers for service providers to develop a program logic or theory of change can be narrowed down to resources and skill sets. How does government investment ensure service providers are mobilised with these resources from the outset implementation phases? Or as part of a collaborative approach with other service providers funded within similar streams?

There is undoubtedly value in the development of national indicators that facilitate comparative analysis between communities. Nonetheless, it is also 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.

Data Exchange Framework

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 the DEX 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. 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.

Key Learnings and recommendations

1. *Direct investment into research and evaluation resources that support service providers through a co-designed development of their outcome frameworks.*
2. *Given what works is informed by context – i.e. what works in one community may not work in other and local adaptation is important – triangulating multiple types of evidence is essential.*
3. *Co-design strengths-based benchmarks and progress pathways by using the current DEX SCORE and working directly with service providers to refine measures that meets accountability needs as well as capturing the complex pathways of individuals involved in the services to measure impact.*

FOCUS AREA 4 – CERTAINTY AND ACCOUNTABILITY

Funding certainty

Longer term commitments for funding can bring a range of benefits to service providers. It allows staff retention to continue relationships built with communities and families as well as knowledge retention of the practice approaches. This reduces the cost to organisations for onboarding and training requirements. Longer term funding opportunities can also provide fluidity to communities and allow longer sustainable change to be available as an accessible system in the local area. Families can remain engaged with the programs, such as HIPPIY, firstly as participants but then as an employment pathway as a HIPPIY Tutor. Creation of local opportunities can continue. Service Providers can forward plan for achievement of set outcomes and milestone through longer term commitments by establishing networks, partnering for space in the community centres/ hubs, and Communities of Practice approaches.

Building organisational capacity to support implementation & evidence base development

All programs informed by a program logic should be linked to activity and outcomes being measured. Service providers require training and ongoing support to do this successfully. Participation of smaller organisations with limited corporate resources and organisational systems to achieve this modelling must be supported. Commissioning models (including communities of practice and prime provider approaches) are a way that posit mechanisms for enabling small organisations with deep local connections in their communities to successfully implement programs.

Information systems such as DEX must have the functionality to manage this tailoring approach. Ensuring measure fields and reports can be manipulated is critical. Systems functionally need to replicate what is in the Activity Work Plans to therefore manage the data into similar reporting formats. DEX also needs to be a collaborative system. Administration burdens on service providers can hinder their performance inclusive of duplicate entry due to a range of requirements within their organisation.

FOCUS AREA 5 – TARGETING AND ACCESSIBILITY

Measuring disadvantage

Identification of particular population groups in the Discussion Paper as disadvantaged is problematic. For example, culturally and linguistically diverse (CALD) groups are not always necessarily excluded or impoverished, given variables as to their mode of arrival, visa status, English literacy and pre and post-arrival experiences. 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, BSL recognises that the experience of poverty is not fully captured by income measures alone. For this reason, BSL developed its own [Social Exclusion Monitor](#) which measures 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. Access to services for individuals who experience the forms of disadvantage under consideration is a complex issue.

Place-based disadvantage

BSL agrees that location matters, with compelling 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. However, in our view disadvantage should be the starting point for identifying locations for place-based interventions, informed by the 2015 [Dropping off the Edge Report](#) (Jesuits and Catholic Social Services).

Early intervention

Currently within our HIPPY Program across 100 communities in Australia, we operate local solution flexibility through our commissioning model. This ensures that the reputation and information about the program is reaching those needing it most. Our model has also implemented a Priority of Access guide that ensures those families who identify with the vulnerable indicators and risk factors are given priority to commence.

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. BSL 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 early 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).

Key Learnings and recommendations

1. *Consideration of income poverty and social exclusion indicators provides a better approach to identifying those experiencing disadvantage and hence in need of additional assistance.*
2. *Locational disadvantage needs investment and priority for place based local implementation of evidence-based programs.*
3. *Early intervention for improving child outcomes is well supported by the evidence.*

FOCUS AREA 6 - COLLABORATION AND COORDINATION

Harnessing sector knowledge whilst fostering sector collaboration

Collaboration and coordination across services and systems is critical to ensuring that services and systems are working in the best interests of children and families. It is the best way of ensuring that the complex needs of children and families facing disadvantage are being supported. Without this, there is a risk of service duplication which is inefficient and frustrating for both service providers and service recipients.

Networks already exist and need to be invested in through resourcing. Considerable knowledge and experience already exists in the field and the opportunities to support, resource, encourage and learn from this must not be missed. Opportunities to capture and build on this knowledge and experience will only enhance children and family services. Communities of Practice are a proven way to exchange knowledge but require a small investment to establish and maintain.

Investment and resourcing support needs to be available for the organic networks that develop in response to a current issue, project, legislative development, or research report. Sometimes these networks are short lived but during their time they generate a wealth of reflection and experience. It is critical to resource such opportunities to be able to capture the current knowledge and experience from practitioners and use this to guide program developments.

Other organic networks develop into something larger and of longer duration. Flexibility and a variety of resourcing opportunities need to be created to support this.

Key Learnings and recommendations

- 1. Provide funding to establish Communities of Practice and other networks to commission collaborative mechanisms to foster information sharing and learning from practical experiences of service providers.*

FOCUS AREA 7 – CAPABILITY AND INNOVATION

Rebuilding child and parent relationships post COVID-19

Whilst we knew that many families, especially those without formal education or who lack access to appropriate technologies, would find assisting their children's home-schooling difficult, what was concerning was the effect of stress and increased responsibilities strained the parent-child relationship. The sudden expectation to motivate learning decreased confidence in parents and this has caused friction, leading to a focus on repairing relationships.

Funds need to be available to support and resource families – mentoring and leadership possibilities can be explored. We cannot assume or expect that families have the capabilities and capacity to be able to support their children with the experiences of COVID lockdown, catching up on missed learning and returning to COVID normal.

Current child and family building programs funded by the Department could build on existing in this area. For example, BSL have trained staff and evidence-based training models to support families in mending and rebuilding child and parent relationships. However, we lack resources and funding to roll these programs out across all public housing families for families with children aged from birth -7. In the City of Yarra and the City of Melbourne, families were 'cooped up' in small, confined flats for many months during COVID lockdown. Teachers and parents are reporting on the impacts on this including the mental health impacts. Addressing this needs to be resourced immediately.

Defining and fostering innovation

A definition of innovation needs to be explored with services as this can mean many different things. We need a collective understanding of the language that we use and a recognition of the numerous ways to view concepts such as innovation.

To innovate (assuming this refers to creating new program models), services need resources. COVID-19 provides an excellent example of flexible and creative ways services worked to reach families during lockdown, however, a lack of resources – financial, material, skills – also restricted this. There needs to be the assurance of having flexibility to be able to adapt programs to changing needs of participants and the environment at short notice. Lessons from COVID-19 need to be learnt and preparations for a comparable situation need to be invested in.

Opportunities to learn from each other need to be invested in.

Fostering the voice of the participant in responsive service development

Investing in participants – the voice of the participant must be included so services are authentic and truly responsive. Providers need to be resourced to harness and foster participants feedback regarding what innovations are required. Resources – financial and physical – are needed to support this e.g., remuneration for participants time and providing transport to meetings. Enabling people through this process builds capacity and skills to lead to employment opportunities for participants. Increase investment earlier considering all avenues including preventative programming but do not take away from other funding entry points.

Encourage collaborative co-locations

Resource integrated programs and child and family support such as NDIS to exist in a place-based hub. Families are already there and accessing other child and family services, so it is efficient and supports easier family access. This also creates a softer and preventative approach for parents to enter NDIS and allows for warm referrals.

Integrated- multidisciplinary approach is necessary more than ever, particularly under a community hub. Support and develop place based approach for accessibility, smooth soft referrals, and quick response time. We require governments to support and resource this approach.

Key Learnings and recommendations

1. Funds need to be available to support and resource families – mentoring and leadership possibilities can be explored.
2. Cross-sector collaboration opportunities need to be resourced.
3. Resourcing engagement of participants to foster program responsiveness needs to be invested in.
4. Encourage co-location to foster cross-sector referrals.

Should you have any further queries, please contact:

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