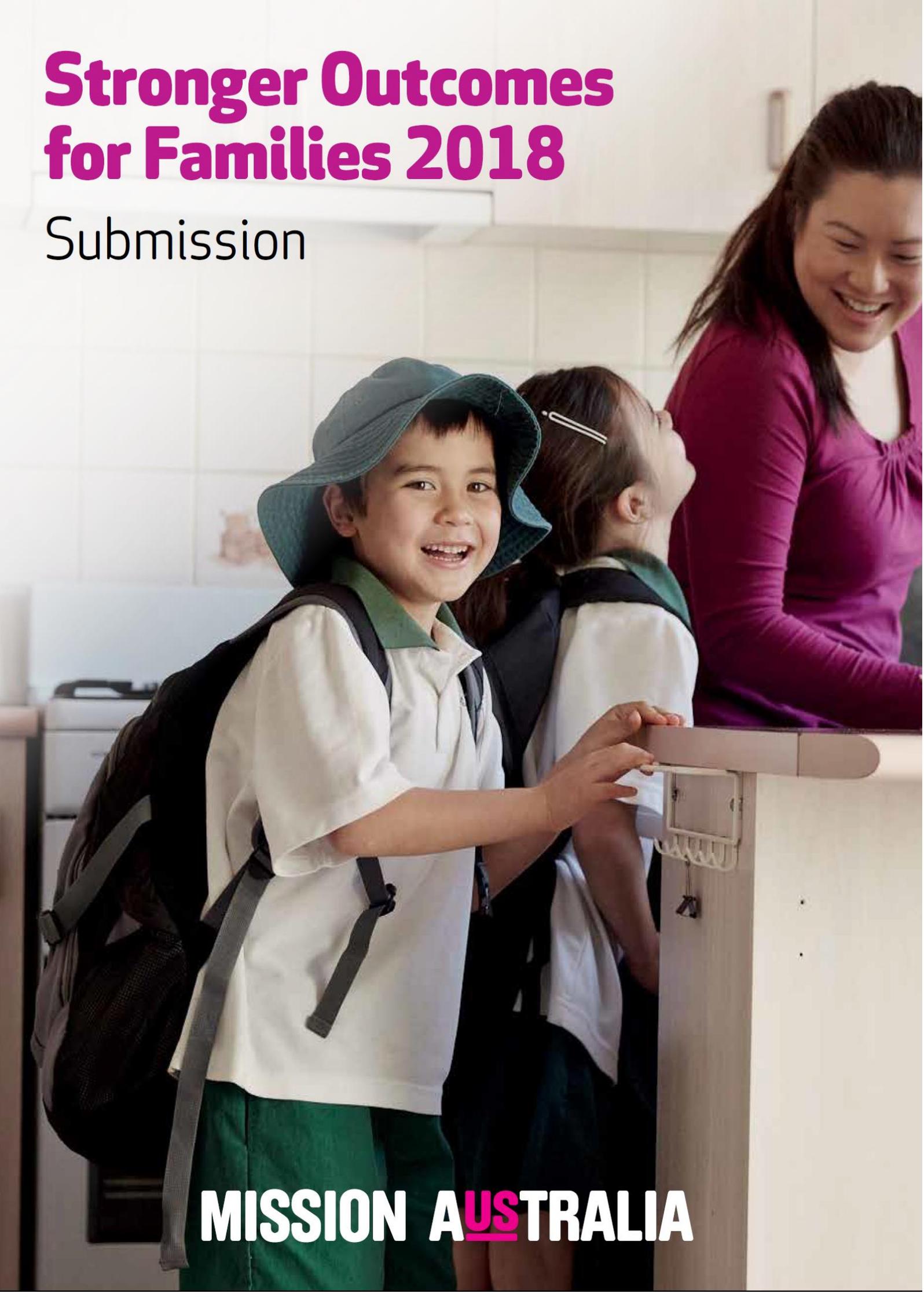


Stronger Outcomes for Families 2018

Submission



MISSION AUSTRALIA

Stronger Outcomes for Families – Consultation Paper

Mission Australia – About Us

Mission Australia is a national non-denominational Christian organisation that delivers evidence-based, client-centred community services. In the 2016-17 financial year we supported over 140,000 people on their journey to independence through 470 programs and services. Under the Families and Children (FaC) Activity funded by Department of Social Services (DSS) Mission Australia is contracted as a Communities for Children (CfC) Facilitating Partner (FP); under the Family and Relationship Services and through the Home Interaction Program for Parents and Youngsters (HIPPY).

Mission Australia is a CfC FP in the following six sites:

- Cairns South
- Inala to Ipswich
- Taree
- Miller
- Mt Druitt
- Dandenong

We are also a CfC Community Partner (CP) in several locations. In addition, Mission Australia is part of the CREATE-ing Pathways to Child Wellbeing Project which aims to make good prevention delivery systems, such as Communities for Children, better by building the infrastructure to support evidence informed practice, as well as embed core principles of collective impact into community activity. This is an ARC Linkage Project led by Griffith University and comprising Mission Australia and other FP organisations.

We also provide the Grandparents Raising Grandchildren program in Meekatharra Western Australia and the Home Interaction Program for Parents and Youngsters (HIPPY) in West Ipswich Queensland.

This submission draws on the experience of our staff in these programs as well as our organisational approach to partnerships and impact measurement to provide recommendations for stronger outcomes for children and families into the future.

Summary of recommendations

Communities for Children is a strong model for place-based development that would be well-placed to be expanded and built upon in future funding rounds of family and children activities. The Communities for Children model, with its Facilitating Partner aspects, also has the ability to provide modelling for other children and families initiatives in terms of developing a strong evidence-base, focus on early intervention and prevention, a collaborative approach and a way of coordinating place-based, targeted and universal responses.

The other Families and Children activities Mission Australia delivers including Hippy and the Meekatharra grandparents program have also shown strong results and could be built on and expanded.

Principle 1: Outcomes Focussed

- Long-term funding cycles are required to embed a community development approach and achieve stronger outcomes for children and families. A minimum of ten years is recommended, with a possible year 5 review point to ensure the service is on track and the government is achieving value for money without a full-scale re-tender.
- Outcomes need to be measured over an appropriate timeframe and program parameters need to be flexible enough for providers to respond to the barriers faced by disadvantaged families in achieving these outcomes.
- Substantial benefits can be achieved without needing to transition to an outcome-based contracting model, but rather by collaboratively developing indicators of the wellbeing outcomes of people who use family and community services, applying them consistently across programs and using the insights to drive continuous service delivery improvements. Investment in building consortia is required if these models are adopted, but should not be at the expense of service delivery funding.
- The involvement of local Aboriginal and Torres Strait Islander organisations and individuals in the delivery of services in communities should be increased through contracting arrangements that prioritise partnerships, capacity building and plans to transfer programs to Aboriginal Controlled Community Organisations.

Principle 2: Targeted Service delivery

- The mix of universal and targeted funding as well as the targeting of priority groups should be decided at the local community level. Funding should be flexible in meeting the needs of the people and communities that we serve.
- Place-based approaches should take into account both levels of need and community readiness.
- Place-based approaches need to be community led and program parameters that limit responsiveness to community need should be reviewed.

- There should be a process for adding locations for place-based approaches based on service delivery knowledge.

Principle 3: Data and Evidence Driven

- In order to build the evidence-base evaluations should be built into a contract's terms and funding and workforce capacity developed to support the evidence-based approach.
- There also needs to be a balance between rigour and innovation in setting evidence requirements.
- A range of consistent indicators across Australia that could be chosen from in each location depending on the focus of service delivery would provide a balance of flexibility and consistency.
- Outcomes measurement also needs to take into account the aspirations and priorities of the community.

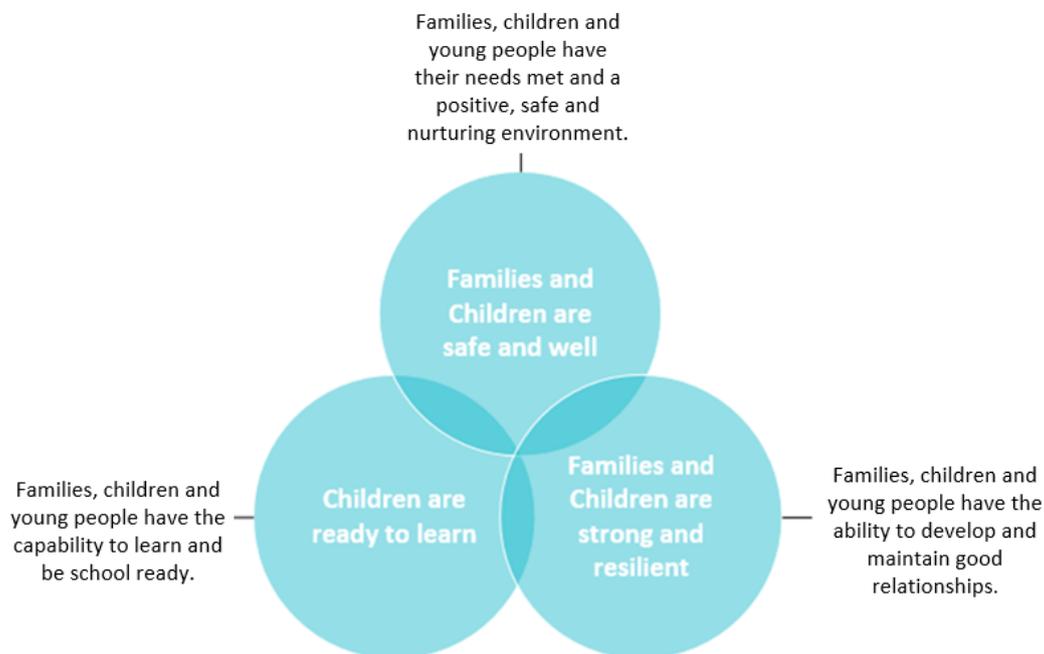
Principle 4: Early Intervention and Prevention

- There should be a clear focus on prevention and early intervention in service delivery guidelines, but crisis supports are also required in the interim.
- Effective early intervention and prevention efforts also need to be supported by other social infrastructure and access to key services which requires whole-of-government co-operation.

Principle 5: Collaborative

- The Communities for Children model allows Facilitating Partners to build a network and capacity in community and to enhance community strengths, levels and knowledge and should be expanded.
- Moving towards a collective impact model will improve collaboration, targeting of service delivery and the rigour of evidence and reporting. However, this requires adequate resourcing for both collaborative arrangements and service delivery.

Principle 1: Outcomes Focused



Outcomes

Our programs take a holistic approach to ensuring families and children are safe and well, strong and resilient and children are ready to learn and we are supportive of these overarching outcomes. These outcomes form the foundations for child-friendly communities and should be underpinned by a respect for culture, particularly in working with Aboriginal and Torres Strait Islander people and communities and culturally and linguistically diverse children and families.

These outcomes need to be measured over an appropriate timeframe and program parameters need to be flexible enough for providers to respond to the barriers faced by disadvantaged families in achieving these outcomes. For example, addressing school readiness needs to begin at conception as the first 1000 days have been shown to be critical and programs need to be fully funded to address a variety of risks and vulnerabilities for the child and family members. In some cases, this may include working with family members to ensure children have their basic needs met such as uniforms and a safe place to sleep so they are safe and ready to learn.

Mission Australia supports an outcomes focus in government funding arrangements. For example, we have proactively designed and implemented an organisation-wide Impact Measurement program to understand the difference that our services make in the lives of the people we work with, and gain insights to drive continuous improvements. However, such a focus can be achieved without a wholesale transition to outcomes-based contracting.

if DSS were to transition its programs towards outcomes based funding models, this would require careful co-design of the new arrangements with providers, time to adapt to new measurement and piloting without financial consequence in the first instance. Program funding would also need to

incorporate investment in workforce development and staff time required to implement a new outcomes-based payment approach. Such careful design is needed to avoid perverse incentives, both at a service level and in terms of market design.

As recommended in the Productivity Commission report *Introducing Competition and Informed User Choice into Human Services: Reforms to Human Services*, substantial benefits can be achieved without needing to transition to an outcome-based contracting model, but rather by collaboratively developing indicators of the wellbeing outcomes of people who use family and community services, applying them consistently across programs and using the insights to drive ever-increasing service delivery improvements.

Funding

More clarity is needed on the discussion paper's proposed approach to splitting funding based on need rather than program to assess whether it would actually improve outcomes. The proposal as it stands raises important questions in relation to the weighting of prevention and early intervention and whether the streams are intended to be mutually exclusive.

For example, Communities for Children (CfC) funding is already targeted at communities in need. It could be seen as place-based, targeted and universal. There is inherent value in such a combined program and a risk that this will be lost if the funding is streamed in an inflexible way. Arbitrarily splitting funding between universal, targeted and place-based providers is unlikely to be a productive approach.

In general, funding should be flexible enough to respond to the needs of the children, families and communities with which we work. A mix of universal and targeted funding needs to be decided at the local community level. Requiring an assessment of individual needs in order for families to access services would create a significant barrier to early intervention support.

Place-based approaches such as the CfC initiative need the flexibility to determine the best balance of universal and targeted programs in their location. Place-based funding also allows solutions to come from community. Further, place-based approaches are supported by strong evidence and are an effective way to combat deep and persistent disadvantage.

Where a place-based approach is taken, a community's articulation of need through a consultation process must be taken seriously. If it is dismissed in favour of centralised priorities the place-based approach will not be effective as it will not generate engagement.

The place-based funding model also needs flexibility in terms of geographic boundaries. Current funding is very prescriptive about which communities we can work in and the boundaries are often artificial. For example, the Meekatharra Grandparents program in Western Australia delivers successful outcomes for people living in the community however current funding arrangements mean they are restricted to deliver services within certain boundaries regardless of need or local determination. For example, Canarvon has the community demand, proximity and need to access the Grandparents program and Mission Australia has capacity for service delivery in the area. A more regional approach to place-based models would allow responsiveness to such demand.

Effective models such as CfC that are designed to improve outcomes at both an individual and community level should be funded for a minimum of 10 years. That would enable continuity of

staffing to build relationships and trust and make the best use of the capability developed. In contrast, the uncertainty at the end of each contract period inevitably brings high levels of staff turnover and disruption to services for families. Continuity can be provided through longer contract periods such as an initial 5 years with the possibility of an extension for a further 5 years (5 + 5). This enables longer term change at a community level and allows services to move beyond crisis support.

In some situations, closed funding processes may be appropriate, as service providers can demonstrate success and value for money without the burden or disruption of a full tender. This allows for effective programs to be extended over a longer term delivering continuity and greater community impact. This has recently occurred with the closed tenders for Reconnect and Financial Counselling through DSS. The disadvantage of this model is that current providers cannot apply for new areas and under-performing providers are rarely replaced, so we understand that there needs to be some balance between continuity and a competitive process. This can be achieved through longer-term funding windows such as the 5 + 5 recommended above.

Most DSS tenders provide sufficient details and clarity to make the process manageable. It is also useful for providers to have transparency around the funding that will be offered in each area in deciding whether they can deliver a financially viable and high quality service.

In terms of the way Facilitating Partners fund Community Partners, communication and support are key to effectiveness. The evidence base requirements can be a barrier as it is costly to upskill staff, hire evaluators and demonstrate success through evaluations, or other accepted methods. In addition, evaluation should focus on continuous improvement, innovating for outcomes and mechanisms for participant voice in design and implementation. Evaluation capacity building is critical to demonstrating impact.

Flexibility is also enhanced by brokerage funding to pay for essentials and stabilise the lives of children and families. In some communities this need is met through Emergency Relief funding but in others these programs are not aligned. Brokerage funding can also provide an incentive for families to participate in early intervention efforts where it overcomes barriers such as the cost of health assessments. DSS could better align emergency relief funding with the other programs that it funds.

Existing program delivery models can also be built on to improve outcomes. CREATE is a great example of how services and funding can be improved by introducing additional research and collective impact resourcing into existing programs. Embedding local evaluators into the Facilitating Partner model would also help with evaluation of Collective Impact initiatives and add to the body of research in Australia about collective impact processes and outcomes.

Funding processes often result in service providers repeatedly giving DSS similar information and Mission Australia is pleased that the new grants portal will overcome some of the existing duplication. Less onerous reporting requirements also allow staff to focus on delivering core services and achieving outcomes for children and families. For example, reporting every 6 months on outcomes and annually on financials would reduce the administrative burden on program staff while not compromising accountability.

Further, a good relationship with the departmental contract manager that involves regular contact and visits to better understand the circumstances on the ground is very beneficial, particularly for more remote service delivery.

We have seen the advantages of a traditional consortium model through our work on Partners in Recovery (funded by the Department of Health) and some State Government funded programs, including broader input and buy-in across the service system. However, the Facilitating Partner model in the CfC program enables these benefits through less structured but often more constructive relationships between organisations. Traditional consortium arrangements require significant investment of time and money to enable legal structures such as MOUs, capacity-building and a funded backbone role, so the unique model of this program is a very effective alternative and we recommend its continuation.

If DSS does choose to transition the CfC program to a traditional consortium model, this would require a significant investment of time and resources and could risk continuity of service delivery.

Indigenous Grants Policy

Mission Australia is a signatory to the *Principles for a Partnership-centred approach for NGOs working with Aboriginal and Torres Strait Islander Organisations and Communities*.¹ These principles provide a platform for a collaborative approach between Aboriginal and Torres Strait Islander and mainstream NGOs and an environment in which Aboriginal and Torres Strait Islander organisations can be recognised for their unique role in building community capacity and participation in the provision of essential services.

Sufficient time is required in the tendering process and in the contract period to establish connections with community, develop relationships of trust, consult and hear from community members and Aboriginal Community Controlled Organisations (ACCOs), set up or tap into existing reference groups, establish governance and decision making structures, and identify and tap into existing strengths and structures within the community. Funding bodies can enable this through long term funding approaches and realistic milestones and deliverables.

Flexible and adaptive localised approaches are also essential. The service delivery response should be driven by the community and harness existing local capacity, activities, and structures. Funding parameters need to be broad enough to respond to 'outside the box' ideas identified by the community where there are clear benefits. Token consultations where ideas are not followed through can be counter-productive and disengaging.

Locational parameters also require flexibility where there are transient populations that span multiple service regions. Establishing partnerships with organisations around a broad area, ability to have consistent service provision across multiple organisations/sites, communication mechanisms that don't rely on continual referrals in and out of specific services are all beneficial. Local

¹ <https://www.acoss.org.au/principles-for-a-partnership-centred-approach/>

partnerships should also be expansive beyond community service agencies and engage key people regardless of their role.

In Dandenong, Mission Australia as a CfC Facilitating Partner funds the Dandenong and District Aborigines Co-operative to deliver the *Strengthening and Connecting Koori Young People* program. The program has been achieving great outcomes supporting Koori young people between 9-12 years of age connect with their culture, engage with school and transition to high school, and it also helps parents to engage with a range of services.

However, in order to engage meaningfully with issues raised by our partner, Mission Australia has had to advocate to DSS to work outside program guidelines. If programs are intended to be more driven by the community and especially by ACCOs, then greater flexibility in program parameters is required. In the above example, this included working with children outside prescribed areas and accepting different concepts of community. An Aboriginal program facilitator expressed to Mission Australia, the need to respect Aboriginal boundaries with the following statement, "I don't see Cardinia or Casey when I look at the map, I see Boon wurrung and Wurundjeri."

It may also be useful to have capacity building explicitly recognised in the contract. This includes overt capacity building activities, capacity transfer plans, resources and training and auspicing arrangements that are adaptive to changes along the way. There may be an interim period of mentoring and support built in, rather than a fast and clean handover from a non-Aboriginal organisation to a local ACCO to smooth the transition.

Collaborative approaches with shared governance that establish consistency in referrals and pathways with shared staff across multiple sites and programs can minimise replication and disjointed service provision for families receiving multiple supports. However, good collaborations can also happen without formal structures where there are strong relationships on the ground and continuity of programs and services. DSS can support these relationships by being flexible enough to allow responsiveness to community identified needs and by taking on board feedback from the community and acting in a timely way.

At part of the Cairns CfC program, community members are decision makers and Mission Australia as the facilitating partner works closely with ACCOs. The initial planning was conducted by a local community organisation and Mission Australia's roles as facilitating partner has been delivered with an understanding that we will step out at the next round of funding, so the program can be run directly by the ACCO.

Gift of Gallang is an example of a project that was started as a partnership between Mission Australia and the Aboriginal community in Inala and the community organisation is now funded as a community partner under CfC. It is a multifaceted project that explores a suicide/early intervention approach for Aboriginal and Torres Strait Islander children in the Inala region and surrounding suburbs in Queensland. It was developed in response to the identification that deaths by suicide of Aboriginal and Torres Strait Islander children and young people in the Inala region had significantly impacted on the wellbeing of individuals, families and communities, including through suicide contagion. Moreover, staff working with Aboriginal and Torres Strait Islander young people in this region noted that some children had begun to express suicidal ideation as early as in the 8-11 age range.

In Meekathara, WA, the grandparents we work with are all Aboriginal and relationships are based on Mission Australia's longstanding relationships and reputation in the community. We collaborate with local Aboriginal organisations from the grassroots to the CEO level and have high levels of Aboriginal staff which strengthens relationships.

Grandparents in WA have identified a huge need for affordable food, which we have taken on board and planned day trips to Geraldton so that they can access Foodbank and other shops as well as a fun social outing with ample time to yarn and share stories during the drive over. We also arranged a morning tea to plan, as a group, what people would like to achieve and how we can help them achieve it.

CfC partnership with Dandenong and District Aborigines Co-operative

Eliza* was disengaged from her heritage due to her father being incarcerated and having no contact with her Aboriginal relatives. Eliza experienced a range of difficulties related to education, emotional distress, financial disadvantage, shame and stigma. With her father being in jail, Eliza helps with her younger siblings and often makes them dinner while her mother is at work.

Eliza attends the weekly program called Girls on the Go, this provides her with an opportunity to be connected with her cultural identity, develop friendships, gain self-confidence and increase socialisation. Eliza has continued to develop and thrive since joining this program and it is important for her to continue to engage in this program to help her with the transition to high school. Having a strong cultural identity has been proven to protect against mental health symptoms and buffer distress prompted by discrimination.

Eliza's family were referred to the Dandenong and District Aborigines co-operative to provide them with housing assistance, food vouchers and local community engagement programs for the family. Through this service the family received further referrals to provide holistic wrap around supports.

*Name changed for privacy

Principle 2: Targeted Service Delivery

Cohorts

While broadly families and children at high risk of not being safe and well, resilient or ready to learn should have access to appropriate services, the groups most in need of services will vary between different locations. There is therefore a risk that targets for particular cohort groups may limit this ability to be locally responsive if they are not sufficiently flexible and adaptive.

The current Communities for Children (CfC) focus on children aged 0-12 in nominated areas of disadvantage provides the breadth to respond to local needs. For example, in Miller, there is a large and growing number of humanitarian entrants who require appropriate services, whereas in other CfC locations such as Cairns we work more closely with Aboriginal communities, children and families. Issues of domestic and family violence, child abuse, homelessness and alcohol and drug abuse are cross-cutting.

In Meekatharra the focus of our grandparent's program is on Aboriginal and Torres Strait Islander children and their kinship carers. However, domestic and family violence and alcohol and other drugs would also be priorities as the issues intersect and can be part of the reason the child has ended up in their grandparent's care.

While efforts to engage harder to reach groups and an access strategy is needed, many issues of concern such as domestic and family violence can take some time to disclose and therefore be difficult to measure. Instead of prescriptive targets, a new access strategy could focus on efforts to improve referrals, incentives and program relevance for priority groups. This includes making off-the-shelf programs more culturally relevant, normalising attendance at parenting programs, having stronger follow up to universal screening programs, taking a more disability inclusive approach. This all requires funding, perseverance and a strong focus on engagement.

A collective impact approach also allows greater reach to vulnerable families through support to small community organisations that already have established relationships with particular clients and are closely attuned to cultural issues and sensitivities. It also allows broader awareness building around issues such as domestic and family violence and prevention efforts. Movement towards collective impact requires resourcing and training for smaller organisations and for backbone organisations to provide core functions. Service mapping is also important for referrals and to highlight gaps in service delivery.

It is important to maintain the birth to 12 years focus for CfC to enable early intervention and to maintain the focus in CfC sites on areas of disadvantage and high need. Key transition points may be a constructive way to look at priorities such as the first 1000 days where there is strong evidence for effectiveness of intervention, transition to primary school and transition to secondary school. This enables a greater focus on early intervention and prevention and captures the current focus of CfC which is already achieving strong outcomes across the intended areas.

Locations

Locations for place-based approaches should be prioritised based on deep and persistent disadvantage, but also local readiness. However, it should be recognised that while appetite for change is important, communities may need a place-based approach in the absence of local leadership and this can be built over the course of the program.

Programs such as CREATE can enhance the readiness of communities for a stronger collective impact approach where they are adequately staffed. The additional resource of Collective Impact Facilitators through CREATE currently enables delivery of a collective impact approach in the intervention sites. A facilitator or similar role is required in order for CfC sites to effectively move to a collective impact model.

Indicators of disadvantage may include SEIFA, remoteness, schools' data, social indicators of health and wellbeing and emerging demographics. In addition to data on needs, service availability needs to be considered, however getting a sense of what programs are already available in a location is a significant challenge considering the mix of Commonwealth, state and locally funded programs. There needs to be input from a community level in addition to data analysis at a national level when determining communities that are ready for and in need of a place-based approach.

There should be a process for adding locations for place-based approaches based on service delivery knowledge. For example, CfC Facilitating Partners could put forward a proposal to expand their remit to neighbouring suburbs with high need or where there are growth corridors in need of early intervention approaches. For example, Ipswich and Ripley Valley (Queensland), Doveton (Victoria) and Lurnea (NSW).

Ripley Valley (Qld)

The Ripley Valley area in the Ipswich region is a green field site with a significant number of new developments. The population is currently around 4000 with a population projection of 120,000. Given this exponential growth CfC Inala To Ipswich has been working with the property developer with a collective action group of key stakeholders to create a Child Friendly Ripley Valley.

Recently a workshop – was held at University of Southern Qld. This focused on creating a shared vision for the Ripley valley region including establishing priorities and a roadmap. This involved key partnerships - essential for building communities and relationships between government, business, health, local cultural and community organisations and services, families and children (spaces, places and the people who use them).

CfC has been a catalyst in creating a prevention platform and collaborative approach in this region.

Principle 3: Data and Evidence Driven

Evidence Informed Programs

Mission Australia is committed to delivering evidence-based programs. In order to build the evidence-base, the costs of evaluations should be built into a contract's terms and funding. There is a risk that without supports, funding and time to meet evidence thresholds, smaller community based organisation could be disadvantaged or excluded.

There also needs to be a balance between rigour and innovation. Considerations other than program data such as relationships of trust with the community, engagement with programs and stories of success should be taken into account.

The 50% evidence based requirement in Communities for Children sites seeks to balance the need for both innovation and rigour. 'Off-the-shelf' programs still need to be delivered well and consideration needs to be given to quality and fidelity. Further, intermediate term measures need to be developed if outcomes are long term so programs can demonstrate progress.

If the 50% threshold was raised there would need to be time allowed for changes including a greater availability of off-the-shelf options that are culturally appropriate for Aboriginal and Torres Strait islander people and Culturally and Linguistically Diverse Groups. There is a need to balance community priorities with evidence.

There have also been issues with accessing the CfC resources such as the Industry List including the cost of engaging and locational reach. There would be benefits to a more localised approach to evaluation with on-the-ground expertise and training funded.

As a CfC Facilitating Partner, we are encouraging more evidence-based practice by community partners and organisations and their staff have grown through this process. However there still remains work to do on workforce development and this will need to be funded to be effective.

Measuring outcomes

A range of consistent indicators across Australia that could be chosen from in each location depending on the focus of service delivery would provide a balance of flexibility and consistency. Some of this work has already been done by AIFS and the Every Child campaign.²

Outcomes measurement also needs to take into account the aspirations and priorities of the community. Information to share with community members about data collection, what is collected, how it's used and why it's valuable to improve outcomes for community member is also required. Similarly, providing a mechanism to feed back to community outcomes achieved and connecting this to program design are crucial for furthering self-determination and community control.

² Every Child <https://www.everychild.co/> is a national campaign (soon to be launched) aimed at developing national indicators and frameworks to measure child wellbeing.

<https://aifconference2018.com.au/measurement-and-accountability-for-child-wellbeing-outcomes-in-australia-preliminary-issues-paper-for-improving-indicators-of-child-wellbeing-in-australia/>

Some program participants have framed their idea of success as when a town doesn't need child protection or a court. We need to have a long-term vision that enables prevention and early intervention rather than perpetuating need.

At Mission Australia we use the Personal Wellbeing Index (PWI) to measure against the core components of Mission Australia's theory of change. This index was chosen as it has been used in Australia for the past 12 years and has been used internationally in over 50 countries. Over this time it has been shown to be a valid and reliable measure of subjective wellbeing³. It has also been adopted by the NSW Department of Family and Community Services for their Targeted Early Intervention Programs. Our Impact Measurement program using the PWI is well-established and is now operational in over 120 services across Australia, providing a solid body of data and insights which our practitioners use to continuously improve client- and service-level service delivery.

A community level indicator is also required for place-based programs that demonstrate trust levels of community members and evidence of collaboration. Engagement levels of clients should also be a key program indicator as other outcomes can vary in terms of timeframe depending on circumstances. For example, where there has been severe trauma, or there are less resources available. To see the impact of early intervention and community level change, longitudinal data may be required.

In terms of current outcomes measurement through DEX, rollout could be improved through increased training and resources. Our practitioners suggest core workshops, site-based training, training in a live environment and funding for workforce development.

³ Mission Australia, 2015 *Impact measurement and client wellbeing*

Principle 4: Early Intervention and Prevention

There should be a clear focus on prevention and early intervention in service delivery guidelines, but crisis supports are also required in the interim. Communities for Children is a unique and valuable program in the early intervention space and this focus should not be lost in future iterations. The HIPPY program also has a clear early intervention focus and works effectively alongside CfC. An expansion of both these models with integrated connections to other relevant services such as Reconnect, Family Mental Health Support Services and other adult focused services would provide better early intervention and prevention supports across Australia.

Effective early intervention and prevention efforts also rely on the availability of other social infrastructure. This includes local rehabilitation options where parents have substance misuse issues and are willing to seek treatment, universal parenting programs and appropriate housing for families and children to feel safe. Collective Impact models can work to drive systemic changes as well as individual level changes.

Examples of Early Intervention programs are provided below including soft entry for hard-to-reach groups:

Dandenong Communities for Children

Structured weekly playgroups delivered to Vietnamese families with young children (0-5 years old). The Abecedarian approach is implemented in the playgroups. Included are excursions, parent information sessions with guest speakers and special celebration of calendar events.

These families are experiencing social isolation, language and financial barriers. By coming to the supported playgroups, disadvantaged parents will have an opportunity to develop new social connections with other parents to share life skills as well as be informed and referred to relevant services within the community. They will be shown a healthier lifestyle, better economic, social and educational pathways.

City of Greater Dandenong Greater Dads Program - Kick it to Me

Engagement program that uses soccer as the medium for dad's to engage in active play as well as promotion of access to free public spaces within the local community. Kick it to Me – soft entry, safe access point for fathers to bond with their children in a monitored environment that promotes positive attachment

Taree Communities for Children

Linking Schools and Early Years Project

The Linking Schools and Early Years enables communities to work together to provide a continuum of learning and support for children and families. By working together, in a community partnership approach, communities are able to create learning environments and opportunities that are responsive to individual children and families, supporting the successful transition from early years to school. Children benefit in many ways from participating in high quality early years services before entering school⁴. For example, they engage with others and develop social skills, which increase their ability to adapt to a formal learning environment and routine. Evidence indicates that children from disadvantaged backgrounds benefit the most from attending early years services. Children participating in early years services who are at risk of developmental delay are more likely to have their additional needs identified, enabling appropriate prevention and intervention strategies to be put in place before they start school. However, not all children participate in early years services, and children from disadvantaged backgrounds are often less likely to participate⁵.

HIPPY – West Ipswich Queensland

Home Interaction Program for Parents and Youngsters (HIPPY) is a free two year, home-based early childhood learning and parenting program that empowers parents and carers as their child's first teacher. HIPPY helps children make a successful transition to school and beyond. A trained HIPPY Tutor meets with the family in their home environment to support the family's learning and practice HIPPY educational activities on a weekly basis. Mission Australia operates the HIPPY West Ipswich program supporting a total of 60 families.

The first year of HIPPY enrolls children aged 4 and families learn skills to get their children ready for school. These children then enter into their second year of HIPPY as age 5 and in their first year of school. HIPPY Tutors continue to support parents to learn more about supporting their children's learning and development at school and home.

HIPPY provides a workforce development platform with HIPPY tutors recruited from the parents who have been a part of the program. Tutors are supported by the HIPPY coordinator and all HIPPY staff receive regular training and support. HIPPY also provides training and support for parents and runs regular parent group meetings for all HIPPY Families every two weeks.

HIPPY is supported by research that shows that the most powerful learning for children comes from their family and that getting a strong start at school sets children up for life. HIPPY is run in 100 locations across Australia with funding to HIPPY Australia (Brotherhood of St Laurence) from the Australian Government

⁴ 2006, Centre for Community Child Health, *Quality in children's services, Policy brief: Translating early childhood research evidence to inform policy and practice*, No.2, Royal Children's Hospital, Melbourne

⁵ 2008, Centre for Community Child Health, *Linking Schools and Early Years Project, Outcomes Framework*, The Royal Children's Hospital, Melbourne

A HIPPY Parent's Story

I started my HIPPY journey as a HIPPY parent. During this time, I got to spend quality time with my son and learn to be my sons first teacher. With the help of HIPPY, I have watched my son become a confident high achieving student in Prep. I am a very proud Mum!

HIPPY gave me the opportunity to re-join the workforce as a home tutor after being a stay at home Mum for 8 years. I absolutely love my job! Working for HIPPY with Mission Australia has given me some much needed confidence, new skills and lots of support. I have meet some truly amazing people within my workplace and community. HIPPY has allowed me to make a positive difference in the lives of the young people in my community by allowing them to develop a love of learning that will last a lifetime.

At HIPPY I am encouraged to achieve my goals and aspirations. I am now very inspired to continue my journey working with children as a teacher or teacher's aide.

Principle 5: Collaborative

Our services work to build strong on-the-ground relationships as a normal part of service delivery to ensure they maximise effectiveness. Longer contracts and early notification of renewals enables the stability to build and embed relationships. As recommended above, a minimum of 10 years is needed for community based approaches to embed programs and relationships and deliver effective outcomes.

The recent evaluation of Dandenong CfC by the Parenting Research Centre showed that *networking* was a valued outcome of Mission Australia's support, bringing together funding partners from a range of state and federal departments and helping Community Partners find out what programs and services are available and identify gaps. Mission Australia's support allowed participants to *cooperate*, ensuring that they do not duplicate services and are not in competition with one another. Mission Australia was seen as contributing to their ability to build an evidence base for their programs, helping agencies embed evaluation so as to better deliver outcomes.⁶

Quotes from evaluation participants:

- *Mission Australia pulls everyone together and keeps us aware of programs and services under the CfC umbrella. They work in partnership so we're not duplicating services.*
- *Through the Facilitating Partner we get to liaise with others who are equally in the same funding and looking at working in the same area. So there is that networking support, and also just encouragement⁷.*

MA CfC programs in Cairns South, Inala to Ipswich Queensland, Taree, Forster & Gloucester, Miller, Mt Druitt New South Wales and Dandenong Victoria are utilising the CREATE approach and resources to further embed the principles of prevention science in current systems to support collective impact. This enables a high level of community input and ownership. The approach aims to strengthen the whole child serving system, contributing to the formation of learning communities within and across sectors and organisations, so that regardless of changing political, policy and funding environments the system is able to sustain large scale, high impact work in disadvantaged communities.

Systems for joint care plans could improve referral and case management, as could clearer information sharing provisions between agencies.

The CfC model allows Facilitating Partners to build a network and capacity in community and to enhance community strengths, levels and knowledge. The funding provided by CfC and HIPPY also hires and trains local people in the community providing workforce development benefits to the community.

⁶ 2018, Parenting research Centre, *Mission Australia: Communities for Children (CfC) program evaluation report*

⁷ 2018, Parenting research Centre, *Mission Australia: Communities for Children (CfC) program evaluation report*

Read, Set, Go – Miller Communities for Children

Read Set Go (RSG) is a multifaceted program which aims to support early language and literacy development from birth to the transition to (primary) school. It encompasses both prevention and early intervention in a place-based model with a strong evidence-base.

Risk factors that prevent literacy development are addressed through community health prevention programs, preschool education and training (in early identification and assessment), and development of language and literacy resources with local service partners.

Collaboration with the Facilitating Partner and local service sector through Paint Liverpool REaD and AEDC Working Group(s) in the development of the *GoGo and The Lost Book* story book and 'Twelve books in 12 months' pre-school initiative demonstrate the strength of this approach in prevention.

Universal screening is provided to support early identification of communication issues to facilitate early access to treatment. Complemented by home visiting Speech Pathology interventions, RSG works with at risk families to address the environmental factors likely to impact on language and literacy development.

Embedded within a strong evidence base, RSG strives to connect practice and research through embedded research and evaluation (e.g. Launch to School transition program) and the exploration of innovative, new technologies such as LENA (a "talk pedometer") to support sustainable outcomes based on collaborative and data-/evidence-driven interventions.

Family Case-Study*

RSG first encountered the McDonald family after universal screening identified Riley (4 years old) as having a significant communication delay. In conversation with the parent it emerged that Riley's 3 older brothers have all experienced difficulty with literacy and learning at school. Subsequent engagement with Riley's younger sibling Gemma (3 years old) revealed her to be severely delayed across multiple areas of development. Riley and Gemma's parents reported being unconcerned about their communication development as this had been consistent for all of their children and they didn't know to expect anything different.

RSG therefore provided early intervention therapy with Gemma with a focus on language development. Early intervention with the family had to focus on parent training and environmental changes to increase the language learning opportunities, with the intent of also assisting in preventing language delay for the McDonald's youngest daughter Lily. Therapy extended to home visits and RSG facilitated Gemma's enrolment in preschool, and access to another C4C partner Sing and Grow. RSG also provided teacher training to Gemma's preschool on how to use language development techniques to support Gemma in her language learning.

As a result, Gemma is tracking well and no longer showing negative behaviours. Lily, youngest daughter (14 months old) has started talking, using around 5 words consistently and using long strings of babble constantly in step with expected developmental milestones for her age.

*Names have been changed to protect privacy

Communities for Children Inala to Ipswich – Collective Action Groups

The focus of CfC Inala to Ipswich is around how collaborative and collective actions can genuinely change communities.

Collective Action Groups (CAGs) have been established across the region using a collective action framework. The purpose of the CAGS is to establish an early intervention and prevention platform initiative which focuses on strengthening partnerships in order to improve outcomes for children and families in disadvantaged communities utilising a place based, whole of community approach.

Communities for Children (Inala-Ipswich) co-facilitate several Collective Action Groups (CAGs) across the region. This place based approach is based in sites which were identified through review of AEDC data results along with other relevant demographic data.

Key stakeholders involved in the CAGs may differ slightly across each setting, however, tend to include:

- ·Communities for Children Facilitating Partner
- ·Primary schools
- ·Early Childhood Services, including DET ECEC, child care centres and family day care representatives
- ·Health services
- ·Local Councils
- ·Community and government services,
- ·Community centres and community hubs
- ·Churches, clubs and sporting groups

As a result of the CAGs, collective efforts have resulted in:

- Pre-prep programs and market days
- Leadership programs
- Implementation of evidence based programs (with a focus on neuroscience, culture, resilience, and social and emotional wellbeing)
- The establishment of a number of playgroups
- Support of primary schools in applying for Community Hubs
- Strengthening of relationships across different stakeholders, enhancing collaboration and shared activities with a common purpose