

12 February 2021

Ms Lisha Jackman
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CANBERRA ACT 2601

By email: families@dss.gov.au

Dear Ms Jackman

Families and children services – Discussion paper 2020

Thank you for your invitation to provide input into the Department's consultations about reforms to improve, and better measure, outcomes for Australian families and children. Relationships Australia National Office welcomes the opportunity to consider the discussion paper, and respond to the questions that have been posed. We also commend the Department's commitment to ongoing improvements to families and children services, and the recent extension of funding across a range of programs. We acknowledge the extensive work done by the Department following the consultation round in 2018, and consider that the current Discussion Paper makes a significant contribution towards building a shared understanding of the purpose, objectives and hoped for outcomes from the families and children programmes. As always, we would be very happy to expand on or clarify any aspect of this submission, at your convenience, in addition to our involvement with the other mechanisms established by the Department for the development of this policy area.

The work of Relationships Australia

Relationships Australia is a federation of community-based, not-for-profit organisations with no religious affiliations. Our services are for all members of the community, regardless of religious belief, age, gender, sexual orientation, lifestyle choice, living arrangements, cultural background or economic circumstances.

Relationships Australia has, for over 70 years, provided a range of relationship services to Australian families, including individual, couple and family group counselling, dispute resolution, services to older people, children's services, services for victims and perpetrators of family violence, and relationship and professional education. We aim to support all people in Australia to live with positive and respectful relationships, and believe that people have the capacity to change how they relate to others and develop better health and wellbeing.

Relationships Australia State and Territory organisations, along with our consortium partners, operate around one third of the 66 Family Relationship Centres across the country. In addition, Relationships Australia Queensland operates the national Family Relationships Advice Line and the Telephone Dispute Resolution Service.

The core of our work is relationships – through our programs we work with people to enhance relationships in the family (whether or not the family is together), with friends and colleagues,

and within communities. Relationships Australia believes that violence, coercion, control and inequality are unacceptable.

A commitment to fundamental human rights, to be recognised universally and without discrimination, underpins the work of Relationships Australia. We respect the rights of all people, in all their diversity, to live life fully and meaningfully within their families and communities with dignity and safety, and to enjoy healthy relationships.

Further, Relationships Australia is committed to:

- Working in regional, rural and remote areas, recognising that there are fewer resources available to people in these areas, and that they live with pressures, complexities and uncertainties not experienced by those living in cities and regional centres.
- Collaboration. We work collectively with local and peak body organisations to deliver a spectrum of prevention, early and tertiary intervention programs with older people, men, women, young people and children. We recognise that often a complex suite of supports (for example, family support programs, mental health services, gambling services, drug and alcohol services, and housing) is needed by people affected by family violence and other complexities in relationships.
- Enriching family relationships, and encouraging clear and respectful communication.
- Ensuring that social and financial disadvantage is no barrier to accessing services.
- Contributing our practice evidence and skills to research projects, to the development of public policy, and to the provision of effective and compassionate supports to families.

This submission draws upon our experience in delivering, and continually refining, evidence-based programs in a range of family and community settings, including for:

- people affected by complex grief and trauma, intersecting disadvantage and polyvictimisation
- people living with intergenerational trauma
- survivors of all forms of abuse, including institutional abuse
- people who come from culturally and linguistically diverse backgrounds
- Aboriginal and Torres Strait Islander people
- people with disability
- people who identify as members of the LGBTIQ+ communities, and
- younger and older people.

The submission also draws upon themes that Relationships Australia has articulated, and recommendations it has made, in previous public submissions by Relationships Australia National, including submissions to:

- the Department in response to its *Stronger Outcomes for Families*, Discussion Paper and Background Paper (2018)
- the House of Representatives Social Policy and Legal Affairs Committee, in response to its inquiry into family, domestic and sexual violence
- the Senate Standing Committee on Legal and Constitutional Affairs, in response to its inquiry into proposed legislation to reform the Federal Circuit Court and Family Court of Australia
- the Parliamentary Joint Select Committee, in response to its inquiry into the family law system, and
- the Australian Law Reform Commission, in response to its inquiry into the family law system.

Each of these submissions is located at <https://www.relationships.org.au/about%20us/submissions-and-policy-statements> .

The conversation since 2018

Relationships Australia acknowledges the extensive work done by the Department since 2018, and has welcomed the various enhancements to policy development (and the Department's willingness to make positive changes while the discussion continues). In particular, we acknowledge:

- the move away from splitting funding based on needs
- the rejection of 'bright line' distinctions between universal, targeted and place-based steams, and the acknowledgement of the importance of universal services, both as a soft and de-stigmatised entry to services, and as a foundation for effective prevention and early intervention efforts
- the inclusion of social connection as a key concept
- the acknowledgement of fragmentation as posing sometimes insurmountable barriers to help-seeking by clients and the provision of effective, person-centred services, and
- the Department's indications that it will engage directly with children and young people as primary stakeholders in this discussion

Overarching themes

Our responses to the questions posed by the 2020 Discussion Paper sit within a framework of overarching themes.

The evidence base

Relationships Australia is committed to evidence-based interventions. A robust evidence base provides accountability and establishes professional legitimacy, but – most importantly – enables the provision of high quality services. The Department has indicated that it recognises the pitfalls of insisting on the legitimacy of particular forms of evidence. Relationships Australia

is particularly concerned to ensure that requirements of evidence basis do not stifle innovation or exclude particular cohorts among which different epistemologies prevail (for example, among Aboriginal and Torres Strait Islander families). Such pitfalls can open up in multiple ways, including the design of service interventions and evaluations, the location of services, and the identification of service modalities.

In particular, we would suggest that the Department accommodate practice wisdom and lived experience within its understanding of what is accepted as a valid contribution to the evidence base. If we fail to acknowledge the reality and value of such other forms of knowledge, we:

- risk an overly and unhelpfully narrowed frame of reference within which we define and evaluate potential outcomes, and
- undermine claims to be client-centred and to respect ways of knowing and being that do not fit within dominant cultural, social, political and economic paradigms.

We reiterate our observations in our 2018 submission to the Department, set out at pp 18-20.

Fragmentation

As canvassed in our submission to the 2018 Discussion Paper, at pp 27-28.

Digital exclusion; digital poverty

Online service provision accelerated exponentially to enable continuity of engagement in all aspects of our lives - work, social and community life, recreational pursuits, even the most intimate personal relationships – as the COVID-19 pandemic smothered us all. A component of Relationships Australia's work with our clients has been dedicated to building our clients' capacity to engage with digital technology (*especially* around digital safety and cyber security). We note the findings in the *Australian Digital Inclusion Index 2020*, that:

- while digital inclusion is increasing, the rate of increase is slowing (and has stalled for Aboriginal and Torres Strait Islander people)
- inclusion gaps remain substantial and, in some instances, continue to widen (for example, in non-metropolitan South Australia and Queensland), compounding existing forms of social and economic exclusion – according to the Index, more than 2.5 million remain offline, and
- existing economic hardship, exacerbated by the COVID-19 contractions, is a key driver of digital exclusion, including for students in low income households, mobile only users and older Australians, and people who did not complete secondary school.¹

¹ Thomas, J, Barraket, J, Wilson, CK, Holcombe-James, I, Kennedy, J, Rennie, E, Ewing, S, MacDonald, T, 2020, *Measuring Australia's Digital Divide: The Australian Digital Inclusion Index 2020*, RMIT and Swinburne University of Technology, Melbourne, for Telstra (https://digitalinclusionindex.org.au/wp-content/uploads/2020/10/TLS_ADII_Report-2020_WebU.pdf)

In light of these findings, we are disappointed that the Australian Bureau of Statistics will not be collecting data on internet dwelling connections in the 2021 Census,² since this is an important data point in measuring trends in digital poverty and digital inclusion.

DISCUSSION QUESTIONS

Q. 1 How have you adapted service delivery in response to recent crises such as bushfires, drought, floods and the Coronavirus pandemic? When has it worked and when hasn't it worked? How will this affect how you deliver services in the future? Have your service adaptations included better integration with other initiatives?

Our federation members were well-positioned to pivot quickly to service provision aligned with COVID-19 restrictions in their jurisdictions. Some of them were already responding to bushfire crises that had affected clients, staff and the broader community, and faced additional challenges. Nonetheless, all members were able to provide a high level of continued engagement with clients, supplemented by publicly-accessible tip sheets and information kits to help community members adjust to what, only weeks before, would have been unimaginable changes in all dimensions of their lives. Further, we leveraged our national resources by rapidly standing up several cross-federation working groups to provide specialist advice, guidance and peer support to our practitioners across thematic areas.

Common findings

A key lesson arising from providing services in the COVID-19 environment has been that our clients have demonstrated patience, good-naturedness, flexibility and resilience. This experience has fortified our commitment to strengths-based approaches which recognise and leverage the qualities and resources that even the most vulnerable clients bring to the table. Further, we have found:

- that single parents appreciated the additional convenience and accessibility offered by online services
- fewer cancellations (however, fewer cancellations + increased demand = longer waiting lists and tightened triaging)
- more participation in group modalities
- opportunities to use online platforms to re-set relationship dynamics with physical distance between parties in conflict
- opportunities to develop innovative services addressing heightened anxiety to large-scale issues such as the pandemic and climate change
- increased numbers of clients with complex needs, an increased array of complex needs per client and heightened intensity of complex needs
- additional barriers to the collection of data
- additional barriers to the collection of fees, and
- that serving children and young people online can be inappropriate because of the difficulty of properly assessing and managing their safety.

² See <https://www.abs.gov.au/statistics/research/2021-census-topics-and-data-release-plan>

Set out below are some member 'snapshots' of their service experience in COVID-19. However, evaluation of effectiveness and acceptability of adaptations remains ongoing, and it remains premature to draw firm conclusions.

Relationships Australia Western Australia

As restrictions eased, the majority of clients have expressed a preference to return to face-to-face services; however, we have adapted our services for the future by:

- bringing registration and feedback forms online
- implementing the universal risk screening tool, DOORS
- incorporating a flexible mix of face-to-face and online delivery via video platforms
- offering a suite of pre-recorded and live webinars to support our community, promoted through our website, e-newsletters and on social media platforms, and
- reviewing our psycho-education courses for online delivery including by designing collaborative and engaging learning environments.

Relationships Australia New South Wales

Relationships Australia New South Wales:

- created new services (eg free counselling for bushfire survivors and the COVID-19-focused *Time 2 Talk*³)
- expanded its social media engagement, and
- created online services, tailored to the exigencies of COVID-19; eg to enable effective therapeutic services to be delivered to people isolated at home and clients living in rural and remote communities (working through the natural disasters and the COVID-19 pandemic further underscored the vulnerabilities arising from social isolation and social exclusion).

We have monitored clients' reception of these adaptations. Clients indicated that they would like to choose between a suite of options for service modes. Some clients prefer to wait for face-to-face service (40% of clients receiving face-to-face services before the pandemic wanted to return to that, when permitted). In response to feedback, we have:

- for Children's Contact Services – shifted to alternative means of maintaining connection, with particular attention to safety
- for Men's Behaviour Change Programs – shifted to therapeutic case work
- adapted our DFV models by enhancing our capacity to undertake effective, tailored safety screening for online and telephone services
- for vulnerable clients experiencing digital poverty/exclusion – undertaken capacity-building work to empower our clients to be safe online
- to support our staff – we have highlighted our achievements in navigating flexible work arrangements, and recognising the challenges of working from home (particularly with high conflict, high trauma clients), and

³ See <https://community-hub.socialfutures.org.au/relationships-australia-nsw-time-2-talk-about-covid19-related-issues/>

- to support other service providers – offered EAP support.

Relationships Australia South Australia

Around 50% of our clients have indicated that they are happy to continue with online services, and Relationships Australia South Australia will accommodate that. More detailed discussion of adaptations made by RASA can be found in their submission to this consultation.

Relationships Australia Canberra and Region

The feedback of clients from Relationships Australia Canberra and Region was similar to that received by Relationships Australia South Australia. Clients previously receiving face-to-face services adapted quickly to online and telephone services. From an employment perspective, working from home was successful. However, burnout is a significant concern (regional staff had already been stretched during the 2019-2020 bushfire season, but vulnerable locals were not necessarily receptive to seeing 'strangers' brought in from other locations).

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

Evaluation is crucial to achieve efficient, effective and equitable resource allocation for the wider benefits to funders, providers, users and the community at large. This is reinforced by:

- the current drive from funders to introduce greater competition and contestability in funding allocation processes (Productivity Commission Study Report, 2016) (although we consider open to significant doubt the assumption that competition is a useful driver for human services to vulnerable people),⁴ and
- the push for the sector to embrace an evidence-based approach to social investment (Productivity Commission, 2010, p xxxiv).

Relationships Australia agrees that the proposed phrases (family relationships flourish, children and young people thrive and empowered individuals) identify key aims. Further key aims, however, include the following *co-equal* aims:

- connection to culture and community
- inclusive communities
- explicit reference to intergenerational family relationships - we acknowledge that policy development in this area will align with national action plans for children's safety and the prevention of violence against women and children; it should also align with the *National Plan to Respond to the Abuse of Older Australians (Elder Abuse) 2019-2023*
- mental health (identified by the Commonwealth as a key policy priority even before COVID-19), and
- safety, as a necessary pre-requisite to the fullest realisation of all other aims.

⁴ Noting evidence tendered to the Royal Commissions into Aged Care Quality and Safety and the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, and the observations of Commissioners in interim reports (noting that the final report of the aged care Royal Commission will be delivered on 26 February 2021).

We do have reservations about the 'key aims' stated at p 13 of the Discussion Paper.

Fragmentation

We have previously described, at length, the sources and effects of the pervasive fragmentation that impedes and disrupts design and delivery of social services in Australia.⁵ The articulation of program and service level outcomes, while *prima facie* useful to assess effectiveness and establish accountability, would – by itself – be a missed opportunity by Government to address fragmentation. We appreciate the Department's wariness of articulating program outcomes over which it has limited control. We propose, however, a whole-of-Government statement of population level outcomes, which would sit above sector, program and service level outcomes. More ambitiously, a whole-of-Commonwealth set of population outcomes would complement outcomes for all families and children services at federal, state/territory and local government tiers, with aligned outcomes reducing fragmentation.

How will SCORE measure outcomes?

The Department considers that SCORE allows 'funders and organisations [to] understand the impact the service is making on a client's life.' (2019⁶) It attempts to measure the effectiveness of programs (dependent variables) by using data from that program (independent variable). In its current format, SCORE mainly supports the Department to develop a population data set for *future* outcomes of *future* interventions. It is inherently unable to offer the Department a reliable measure of outcomes for established services, given that the data set is already affected by interventions under the program.

The nuclear family as the norm

Our 2018 submission to the Department proposed that outcomes recognise the diversity of family formation and composition in contemporary Australia (see pp 4-6). Relationships Australia considers that the outcomes proposed in the 2020 Discussion Paper:

- suggest that children thrive (or not) in the context only of a nuclear family, parent/child dyad, and do not take into account the extensive role that grandparents and other extended family members have in supporting children and young people
- discounts the influence of young and middle-aged adults in family dynamics
- presents a (misleading) monocultural and heteronormative picture of the social context in which the programme operates.

Outcomes that are not explicitly inclusive can lead to the design and delivery of services that:

- appear not to be inclusive, and hence deter help-seeking; further, when help is sought, practitioners may not be sufficiently on notice and consequently fail to identify key issues clients face (eg ignorance of prevalence and characteristics of domestic and family violence in same-sex couples)

⁵ See the submissions noted previously in this submission; especially, pp 18-20 of our 2018 submission to the Department.

⁶ https://dex.dss.gov.au/sites/default/files/documents/2019-11/d19-889646-how-use-score-clients_0.pdf

- are hampered in employing strengths-based approaches, because they discount the full array of assets and resources that can be brought to the table as protective factors, and
- are unable to counter stigma and trauma from stigmatisation, because they cannot fully recognise the array of factors, circumstances and attributes that are, or have historically been, stigmatised.

Outcomes that are not inclusive also impair collection of robust, comprehensive data to enable the design and delivery of inclusive services in the future (see also our response to Q 6).

Mental health and positive psychology

Many clients in this programme present with clinically significant distress. Relationships Australia would caution against defining outcomes through a 'positive psychology' lens, which potentially fails to reflect amelioration of such dysfunction and distress in its assessment of outcomes. Further, outcome measures must acknowledge that, as a matter of clinical practice, not all clients will have a positive outcome; these clients may, however, value other outcomes, such as:

- 'feeling heard and understood'
- a suitable referral to another specialist service
- indicators as to the professional ethical conduct of a practitioner, or
- a practitioner's ability to be flexible in meeting the client's needs.

The Productivity Commission, in its recent comprehensive report of mental health services, suggested that mental health should be understood through a wellbeing continuum, acknowledging that mental health is supported, and affected by, every aspect of an individual's life.⁷ Thus, while a service may support an individual in some key aspects, achieving mental health/wellbeing is complex - and a potentially illusory outcome.⁸ Children's mental health is often reflected on a continuum.⁹ The continuum approach acknowledges opportunities to promote improved wellbeing and possibly intervene *before* a child becomes unwell. Yet the role of service providers is not only to avoid mental ill-health, but to proactively promote and sustain wellbeing across domains. Therefore measuring 'improvements in psychological health' is limited in capturing practitioners' contributions to support good mental health.

Principles of crafting robust outcomes

Relationships Australia proposes the following principles in further developing national, sector, program and service level outcomes:

- outcomes should be preceded by an explicit articulation of which problems need to be resolved and acknowledgement of the (sometimes unpredictable) influence of external

⁷ Productivity Commission Inquiry Report, *Mental Health* (No. 95, 2020), vol 1, p 89.

⁸ Productivity Commission Inquiry Report, *Mental Health* (No. 95, 2020), vol 1, p 133.

⁹ Productivity Commission Inquiry Report, *Mental Health* (No. 95, 2020), vol 1, pp 22, 193; see also the *Children's Mental Health and Wellbeing Strategy*, https://consultation.mentalhealthcommission.gov.au/policy-projects/childrens-mental-health-and-wellbeing-strategy/supporting_documents/The%20National%20Childrens%20Mental%20Health%20and%20Wellbeing%20Strategy.pdf p.22

factors beyond control of the sector or any elements of the sector; the more complex and multi-factorial the problem, the more intricate its causal relationships, the more necessary it is to define the problems, and the more it is likely to need genuine and sustained cross-government, sector, disciplinary and services attention

- the articulation of both problems and outcomes must be through genuine co-design (including not just providers and their peaks, but engaging directly with clients and client advocacy groups)
- outcomes must be clearly definable, measurable and achievable
- in accordance with the technical-rational models from which outcomes derive, outcomes need to align across all levels
- consider time-bound outcomes
- outcomes must be trauma-informed
- outcomes must reflect community diversity and be able to leverage the strengths of communities, families and individuals
- outcomes for this program must reflect the diversity of family formation and composition, including by paying attention to intergenerational relationships, and
- outcomes must consider the availability and practitioner support for the tools that will be relied on to measure outcomes.

Q. 3 How can we include strengths-based outcomes that focus on family or child safety?

Policy-makers and service providers should conceptualise people's strengths-based responses, and focus on:

- measuring access to assets and resources, including family knowledge and skills, various sources of support
- informal supports in the community
- for children and young people: social networks, school attendance, linkages to relevant long-term services and supports
- self-determination, resistance behaviour, exercise of choice and control around safety
- identifying and facilitating opportunities to build on these attributes and capabilities
- building clients' sense of safety with their practitioners, and
- connections with other strengths-based services (including to enable referrals).

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

Relationships Australia welcomes the opportunity to be involved in the iterative process of articulating outcomes to provide:

- a robust foundation for development of programmes that make real, beneficial differences to the lives of Australian families and children, and
- strong transparency and accountability frameworks.

An alternative perspective – assessment v measurement

Currently, reliance on the language of measurement impoverishes our understanding of social service outcomes. Literature in the social sciences demonstrates that ‘measurement’ is most relevant where what is under consideration is the representation of mathematically equal properties over a clearly specified and applicable range of units (see Michell, 1986; Markus & Borsboom, 2013). Emphasis on the language of measurement is an artefact of rational-technical models that are well-suited to engineering-type problems, but less apt for problems that are psycho-social and relational in character, innately grounded in emotions and value judgements.

Whether data is collected from clients or practitioners, client goals and circumstances are inevitably framed by values and emotional perspectives. Social demand characteristics will play a role in whatever subjective score is chosen by the client or the worker in their pre and post scoring, given the social conditions that are present in clients accessing services, and the worker’s intentions for the client (Nichols & Maneer, 2008). The rubric of ‘measurement’ renders invisible how demand characteristics influence the scores.

Measurement is most relevant where generalisation is sought, with respect to what is measured, or client outcomes – that is, where what is sought is a capacity to generalise the results from one set of individuals at a particular point in time for a particular service, to another. SCORE – like Likert scales- is, however, inescapably tied to client circumstances and goals.

A key aspect of collecting data from clients is the underlying intention with respect to reporting outcomes. This is typically not the case when we ask individuals to apply subjective judgement on Likert scale structures, as is the case with the current DSS Measuring Client Outcomes approach to client goals and client circumstances, whether the data is collected from the client or their worker. Since a client’s improvements can only be measured against their (and their practitioners’) subjective perceptions, generalising across clients, programs or sectors is not a true ‘measurement’. It would be better to assess their experience of the program and their improvement rather than attempt to *measure* the experience. Further, we are concerned that the use of SCORE as a measurement tool will tend to promote increased standardisation of services, at the expense of service innovation – especially client co-designed innovation.

There are alternative approaches. Under the RE-AIM (Reach, Effectiveness, Adoption, Implementation, and Maintenance: Glasgow, Vogt & Boles, 1999) framework, for example, what is needed is:

- an accurate account of the characteristics of program participants
- evidence of the effectiveness of the program once adaptations have been accounted for in terms of assessed outcomes
- the quantified attributes of the intervention, and
- some indication of maintenance of the changes supported in the account of program effectiveness.

In circumstances of complexity such as those that surround the implementation of programs for the unique client groups supported under FARS, a far better approach to tracking outcomes may therefore come from the rubric of assessment, distinct from measurement. Assessment has the benefit of supporting the integration of qualitative information which may be triangulated

across sources to arrive at a perspective on the true efficacy of program delivery in context (Beutler, 2009).

Training to support an assessment approach would include re-crafting the structure of data collection, to include at a minimum:

- input from multiple parties in respect of any particular client outcome; for example, a client rating and a worker rating
- capacity to integrate qualitative information into the reported outcome, to contextualise the actual responses for the situation in question; the qualitative data may be obtained from, at a minimum, client and worker perspectives,¹⁰ and
- timely, regularised and structured engagement between DSS and practitioners in developing and refining assessment tools

A shift from measurement to assessment would support richer, more nuanced understanding of our clients' presenting needs and the effectiveness of interventions, enabling the capture, collection and analysis of qualitative, as well as quantitative, data. Our clients themselves are more engaged with the importance of partnering with us, as providers, in capturing qualitative data to assess the effectiveness of interventions in progressing towards delivery of outcomes.

Our perspective on DEX

Transparency and accountability are enhanced by clear and parsimonious structures. At present, our members report that:

- activity work plans are interpreted and administered differently by individual FAMS
- DEX remains administratively burdensome for practitioners and clients (and particularly difficult when providing services online)
- practitioners remain sceptical about DEX capacity to measure psychological outcomes and to collect high quality data, and
- program logics and theories of change do not link evidence and outcomes clearly or comprehensibly.

Opportunities to enhance DEX

Our members advocate:

- mixed methods
- universal screening at multiple time points, offering coherent and cohesive quantitative and qualitative data (both being prerequisites of a reliable understanding), using a validated tool such as DOORS,¹¹ and

¹⁰ Beutler, L. E. (2009) 'Making science matter in clinical practice: Redefining psychotherapy', *Clinical Psychology: Science and Practice*, 16(3), 301-317; Glasgow, R. E., Vogt, T. M., & Boles, S. M. (1999), 'Evaluating the public health impact of health promotion interventions: the RE-AIM framework', *American journal of public health*, 89(9), 1322-1327; Markus, K., & Borsboom, D (2013) *Frontiers of Test Validity Theory: Measurement, Causation, and Meaning*. London: Routledge; Michell, J. (1986) 'Measurement scales and statistics: A clash of paradigms', *Psychological bulletin*, 100(3), 398; Nichols, A. L., & Maner, J. K. (2008) 'The good-subject effect: Investigating participant demand characteristics,' *The Journal of general psychology*, 135(2), 151-166.

¹¹ DOORS is discussed fully in the submission to this consultation by Relationships Australia South Australia.

- moving away from trying to count people by reference to their disparate needs - we need to identify and respond to holistic needs, which is how our clients experience them. Our clients tell us that they want to be seen and heard as whole people, not reduced to a bundle of fragmented needs and vulnerabilities.

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

Relationships Australia members use program logics and theories of change in this and other programmes. For example:

- *Relationships Australia Western Australia* has developed program logics for key aspects of service delivery, including psycho-education group work, FMHSS and FARS counselling, and suggests that there may be potential for national DSS training on standardisation on how to develop program logics
- *Relationships Australia New South Wales* has a program logic, supplemented by sub-theories of change, and
- *Relationships Australia South Australia* canvasses its understanding and use of theories of change and program logics in its separate submission.

Robust program logics:

- strengthen practice
- articulate outcomes and clarify distinctions between outcomes and outputs
- function as accountability tools
- can function as work plans
- ground capacity building in our teams, and
- promote a shared understanding about the importance of our research and evaluation team in supporting research to practice cycles.

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

Relationships Australia again expresses its appreciation of longer-term agreements as enabled in the 2020-2021 Budget. We welcome Government's understanding of the value of certainty in providing consistent high quality services, and we acknowledge the reciprocal need to provide ongoing accountability for the provision of effective services. Our ability to reciprocate would be further enhanced by:

- greater transparency about Activity Work Plans and greater consistency in how they are administered
- improved understanding of how the Department measures early intervention success
- greater realisation of the full potential of DEX by:

- more specific and precise feedback of data and insights, with robust information to support self-evaluation and self-criticism
- workshops to better coordinate and give life to a partnership around data, and
- opportunities for more real time co-design.
- broadening the approaches to measurement in relation to culturally and linguistically diverse cohorts which are currently unhelpfully narrow, to provide more, and better quality, data, and
- clarifying questions around gender and sex, aligning them with measurements used by the Australian Bureau of Statistics;¹² at present, practitioners feel that the intake questions do not provide an accurate and appropriately nuanced picture of clients.

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

We refer to our 2018 submission, at pp 20-23. Relationships Australia further considers that interventions with groups of people, recognising the protective value of social connection and risk of social isolation, should be built into outcomes schematics.

Member snapshot – Relationships Australia Western Australia

Historically, we used outcomes data to support outputs data, as required by funders. For children and young people at risk, we look for early intervention and prevention to improve family functioning. We measure success through SCORE: goals and changes in circumstances, measured at regular intervals. Other program measures include Strength and Difficulties Questionnaire (Behavioural Measure), Sessions Ratings Scale (SRS) and Outcomes Rating Scale (ORS).

Member snapshot – Relationships Australia New South Wales

We use validated instruments to establish whether, post-intervention, our clients:

- find greater satisfaction in their relationships
- experience reduced conflict
- experience improved family functioning, including in parent-child relationships, and
- have greater clarity around relationship commitments and responsibilities.

Member snapshot – Relationships Australia Canberra and Region

We measure our success by asking our clients and using mixed method quantitative and qualitative methods, in a context of continuous improvement. Quantitative data helps us to understand our qualitative data.

¹² In this connection, we commend the recent release by the Australian Bureau of Statistics of an updated *Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables*, as supporting the collection of data that can inform design, delivery and evaluation of inclusive services. See <https://www.abs.gov.au/statistics/standards/standard-sex-gender-variations-sex-characteristics-and-sexual-orientation-variables/latest-release>

Member snapshot – Relationships Australia South Australia

We use our quantitative data to demonstrate return on investment, and use client snapshots for qualitative insights. Please see the separate RASA submission for further detail.

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

Yes. We offer services¹³ to:

- families engaging with, or at risk of engaging with, child protection systems
- Aboriginal and Torres Strait Islander people; for example, Relationships Australia Western Australia offers medium term case support through Moorditj Yarning (a FaRS programme) to Aboriginal clients and their families in location (schools, in community etc)
- people with disability
- women and children at risk of domestic and family violence
- older people affected by violence, abuse and conflictual family dynamics
- people who identify within LGBTIQ+ communities
- culturally and linguistically diverse people
- people experiencing poor mental health
- people struggling with gambling, alcohol, drugs and other substances
- survivors of institutional abuse
- people struggling with social isolation, and
- people in geographically isolated places.

Relationships Australia supports:

- measures to increase cultural safety for service users and cultural competency for service providers, including by:
 - funding training programmes, with pathways for accredited qualifications, for Aboriginal and Torres Strait Islander people
 - funding cultural safety programmes for practitioners who do not identify as Aboriginal or Torres Strait Islander people, and
 - funding ‘soft entry’ approaches through sporting, art and other cultural activities
- policies and programmes that erode stigma and encourage help-seeking
- strong collaborative pathways, including referral pathways, to simplify families’ journeys through the service maze
- collection of data for vulnerable groups, with ongoing consideration of definitions and measures to ensure reporting quality and consistency; for example, are we asking new clients the ‘right’ questions? We note that some vulnerable groups are particularly

¹³ Including conciliation and mediation, mental health counselling, collaborative practice and case management for high complexity, high risk families.

sensitive about data collection, and may have strong disincentives to disclose matters such as family violence (eg for visa applications), and

- reinstatement of funding for Translating and Interpreting Services – previously, our capacity to support our CALD clients through FARS counselling was enhanced by the provision, at no cost, of TIS. Withdrawal of this funding undermines the Programme’s inclusiveness. Were funding to be reinstated, it would enable more CALD groups to access a potential lower intensity service, at lower overall cost to funders, and
- recognition, through funding and accountability measures, of challenges in serving rural, regional, rural and remote communities. For example, a practitioner based at the Wagga Wagga office of Relationships Australia Canberra and Region may travel three hours each way for a service visit of one hour; the travel time cannot be captured or reflected. Face-to-face services will continue to be needed in these communities; as has been demonstrated through the pandemic, online service delivery is not a panacea for population dispersal.

Our practitioners observe that the more diverse the presentations, the more specialist skills needed by practitioners to meet our clients’ needs, and increased focus on vulnerable clients, by definition, leads to an increase in complexity and intensity of cases, meaning that:

- we can offer appointments to fewer ‘unique’ clients
- support is needed for longer periods, and
- there is increased likelihood of DNAs/no shows.

Member snapshot - insights from Relationships Australia Western Australia FHMSS

Staff who work in our FMHSS programs consider that it is different from any of the other programs within the Families and Children Activity. The focus is on *mental health*; that is, it aims to specifically improve mental health outcomes for children/young people and their families, in addition to educating communities to have a better understanding of mental health issues affecting children and young people.¹⁴ Bringing FHMSS into CfC would put it into a broad, generic pool as CfC is very clearly early-intervention but FMHSS cannot (and, arguably, should not) avoid the presentation of families and children in dire need of holistic and specific mental health support. Bringing it within CfC would risk that access to specialist support.

If FHMSS were brought within the Programme, the Activity best suited would be Children and Parenting.

Member snapshot - insights from the Relationships Australia federation

Valuable adaptations include:

- flexible fee structure - so that no one is excluded because of financial hardship

¹⁴ For a recent report of a poll of mental health literacy among parents in respect of their children, see Rhodes, A, Measey, M, O’Hara J & Hiscock, H, *Child mental health literacy among Australian parents: A national study*, https://www.racp.edu.au/docs/default-source/fellows/resources/congress-2018-presentations/racp-mon-18-anthea-rhodes.pdf?sfvrsn=61070b1a_2.

- online and telephony – so that no one is excluded because of geography or other accessibility issues
- proactive outreach into and engagement with the broader community – so that all feel welcome (in response to client feedback)
- culturally competent services in language, supplemented by access to interpreting and translating services
- bi-cultural staff
- partnerships with culturally and linguistically diverse communities
- funded scholarships and identified positions targeted, particularly at certain communities and cohorts
- funding models recognising the time and effort to build relationships with certain communities and cohorts
- extra supervision for practitioners engaging families with complex needs
- place based services, and
- support for cross-over with state funded services for vulnerable children and young people.

Q. 9 If you are a Child and Parenting Support or Budget Based Funded service provider, do you currently link with a Children Facilitating Partner or other regional planning mechanism to understand what other services are provided in the community and what the community identifies as their needs? How does this work in practice? Would you value the increased support of being attached to a local Facilitating Partner?

As acknowledged in our 2018 submission (see especially pp 11-12), Relationships Australia values opportunities to collaborate with other service providers to meet our clients' needs and funders' expectations. Collaborations can empower providers operating in the same geographic area, offering force multiplication while also providing enhanced co-ordination and collaboration, for the benefit of clients.

Within the Family Law Services Programme administered by the Attorney-General's Department, we have participated in the Family Law Pathways Networks, which have consistently been evaluated positively. We collaborate with other providers, including through referrals to specialist services. In our 2018 submission, we expressed reservations about 'forced' consortia between providers who were, in essence, competitors for funding. Fragmentation can be addressed by services (so that it is not forced onto clients to deal with) and high quality, holistic services provided by collaborative relationships that:

- coalesce organically around specialist practices, geographic location or other binding factors
- do not afford one provider an anti-competitive asymmetrical advantage over one or more other collaborators
- do not impose extra layers of management and compliance activity at the expense of resources directed to service provision
- provide clear, transparent accountability for public money, and
- do not dilute ministerial oversight.

Such partnerships can bring benefits deriving from proximity to service users and their communities, as well as identifying service gaps in a timely and responsive way. Models and structures which enable and incentivise genuine collaboration promote good client outcomes and offer mechanisms to building community and professional capacity.

We note that the framing of the question leaves unexamined the question of whether facilitating partnerships have provided enhanced service outcomes for users and, more broadly, whether this is an effective model for efficient, effective and ethical delivery of publicly funded services. We are also concerned that expansion of a facilitating partnerships approach, in the absence of careful planning and consideration, will function merely to outsource from the Department, to service providers, the responsibility for addressing policy and programme fragmentation.

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

Relationships Australia considers that the following principles are generally applicable. Government expectations of collaboration and coordination initiatives must reflect that:

- effective therapeutic relationships, particularly with cohorts affected by trauma and marginalisation, require time to develop; similarly, effective collaborative and coordination relationships need time, trust, shared values and experience and complementarity to develop
- initiatives need time to be properly established, to gain recognition in the community, to be refined to maximise efficiency and relevance, and to be continuously evaluated
- rigorous evaluation needs to be done by appropriately skilled professionals and should not be resourced from funding allocated to service delivery, and
- provide Facilitating Partners (and equivalents) dedicated funding, along the lines of funding received by Primary Health Networks, separate from the direct service budget.

Relationships Australia National Office has noted with interest other international models for providing holistic, locally-relevant services with an emphasis on prevention and early intervention, for example:

- the experience of the Dorset Integrated Care System, and
- the Wigan 'Deal for Health and Wellbeing', which centres on an assets-based approach.¹⁵

Q. 11 The capability building support offered under Families and Children Activity programs has gone through several iterations. What works well? What do you think should change?

We draw to your attention the suggestions made in our 2018 submission, at p 24. Further, we commend the knowledge translation work of done by AIFS, the CFCA and ANROWS.

¹⁵ See the Department of Health and Social Care (UK), *Advancing Our Health: Prevention in the 2020s*, Consultation Document (2019), CP 110, Chapter 3: <https://www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s/advancing-our-health-prevention-in-the-2020s-consultation-document>

Relationships Australia New South Wales would welcome further try, test and learn tranches, with opportunities to benefit from insights and learning from successful projects.

Relationships Australia Western Australia has expressed concern that current arrangements do not meet client needs, and that a Families and Children Expert Panel would better help organisations to plan, implement and evaluate evidence-based programs for families and children. We welcome the funding received by AIFS to create an Expert Panel to support the creation of logic models (AIFS 2018).¹⁶

Workforce development – recruitment, retention

Our organisations encounter difficulty in recruiting and retaining staff with the kinds of expertise needed to deliver FaRS programmes. These problems are particularly acute:

- in rural, regional and remote areas
- for certain skill sets (for example, couples counselling in certain locations), and
- among potential practitioner cohorts (eg practitioners from culturally and linguistically diverse communities).

Relationships Australia Canberra and Region has welcomed longer term contracts as likely to assist with workforce issues. However, we would welcome sustained and integrated attention, among relevant Commonwealth, State and Territory ministers, to mapping the workforce and developing workforce capability plans. Fee for service models do not adequately accommodate the exigencies of workforce recruitment, retention and ongoing professional development.

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

Relationships Australia welcomes the Department's commitment to fostering innovation without compromising the delivery of essential services, and offers the following suggestions:

- a stream of funding dedicated to innovations (which should include the availability of smaller grants)
- adequate funding for technology adaptations; we would welcome the Department sharing with us information about the kinds of innovations that they would be willing to fund
- opportunities to pilot programs, acknowledging impact on delivery of existing services
- ensuring that evaluations are funded and programmed to occur after a reasonable opportunity to establish, run and adapt the service
- ensuring that evaluation reports are made available to providers in a timely way
- ensuring realistic expectations when it comes to innovation expenditure and resourcing demands

¹⁶ See <https://aifs.gov.au/cfca/expert-panel-project/program-planning-evaluation-guide/plan-your-program-or-service/how-develop-program-logic-planning-and-evaluation>

- sharing information about 'big picture' gaps and opportunities, based on the data that DSS has already collected through DEX
- a dedicated innovation stream to meet the needs of children and young people, and
- in the event of underspends – offer flexibility to use that to support innovation (with accountability to funders).

We acknowledge the dependence, for innovation, on political and community tolerance for risk in the investment of public money.

CONCLUSION

Thank you for your consideration of this submission. Should you wish to discuss any aspect of it, or the services that Relationships Australia provides, please do not hesitate to contact me (ntebbey@relationships.org.au) or our National Policy Manager, Dr Susan F Cochrane (scochrane@relationships.org.au), or by telephone on 02 6162 9300.

Kind regards



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