DSS engage Consult for Family and Children programs

Closes Monday the 10th

Submission Questions and Response:

Below are the submission questions and responses put together by the amazing working party. If you would like additional information or to read the discussion paper, evidence paper or review approved programs, you will find all of the links at the bottom of this document. Thankyou for taking the time to make a submission.

FOLLOW THIS LINK TO THE SUBMISSION:

https://engage.dss.gov.au/families-and-children-fac-activity-children-youth-and-parenting-programs-discussion-paper/make-a-submission/

With people from a CALD background less likely to access services, what (if any) change should be made to FaC children, youth and parenting programs?

- Liaison with community leaders (Elders, Religious leaders, Key influential Community members) to encourage engagement
- Translated posters in public spaces
- Options for 1:1 services where needed. CALD families have expressed concerns that they may not want to divulge personal information in group settings as they do not want information spreading around their community or getting back to family members
- Offering a range a transportation options
- Consider smaller group programs specifically for people with similar linguistic and cultural backgrounds. This may help people feel safe and more confident to share and engage if they feel the people around them share similar culture experiences
- Working collaboratively with allied health professional to deliver child, youth and parents' program specific to people with disabilities and significant delays
- Easy to comprehend and welcoming promotion of available programs. With clear eligibility criteria so caregivers know it's for them and their child(ren)
- Program information to be shared with services CALD people are already accessing – GP, daycare/ kinder/ school, community health services, family support services, Maternal & Child Health, libraries, playgroups.
- Facilitators to attend training specific to CALD people.
- Where possible matching of CALD facilitators relevant to program.

What (if any) change should be made to FaC children, youth and parenting programs to account for the different service needs and preferences of families?

- Tender options for providers from all different sectors to offer the supports, ensuring greater access and opportunity to access the supports. By giving all providers an equitable opportunity to put forward their skillset and individual expertise to assist the wider community children and families in our community will benefit. There is assumptions that the public sector contains the skillset but the private sector has a lot to offer these populations
- Private practices should be able to tender to work together to advertise evidence-based programs with families across their caseloads so we are able to offer more dates and flexibility, to fit families scheduled – e.g. 3 private speech practices working together to run Hanen groups, where families are offered a range of dates and can attend at a date, time and location most suitable to them.
- Children and young people with disabilities are 14% less likely to access these supports. These families are already at risk of burn out and isolation. Program changes need to occur to ensure that families with children with disabilities are able to attend without barriers, ensuring that these families have a safe space to attend or someone is able to provide 1:1 support to ensure that they are accessing support that are required i.e. allied health professionals, carer support and are connected with families and peer networks to reduce social isolation.
- Availability in rural communities.
- Offering of remote access – with local professional/ trained support to facilitate understanding and follow up/ transition into life.
- Different delivery models – on demand recorded, virtual classes, in person, etc.
- Government funding should be allocated to develop an user friendly online database of family support so that families can access this information, and mainstream supports like GPs, family and childhood nurses and educators are able to see what supports are available to families in the local area or online.
- Smaller groups to reduce the overwhelm with peer and professional leaders that understand diverse affirming support. Utilising professionals that are well known within the community and have networks that can assist in referrals and other connections with families. Currently a lot of experienced practitioners/ professionals sit within the private sector, however the majority of these services are provided outside of the private sector.
- Developing collaborative communication pathways with local providers and mainstream services to ensure that providers are working together to provide wrap around supports.

What changes (if any) could be made to increase awareness and improve navigation of available supports for families?

- Create awareness amongst maternal and child health nurses, paediatricians, GPs, Childcares around available programs/ points of contact

- Education and upskilling of all of these professionals, as well as Child Safety departments and officers by the individuals providing the programs especially allied health to ensure that they are able to effectively refer these children onto the right supports, otherwise these services will be underutilised and not reflective of the community need. Which is clear in the discussion paper when it notes limited to no waitlists, whilst providers are unaware of services listed and have children needing these supports
- Policies in public services such as child and family health etc can only provide information on public or NGO/NFP services and specifically exclude being able to refer to private sector, this limits collaboration and interagency referrals and awareness of market supports and systems for these children.
- There needs to be greater referral systems within our local networks and communities to allow families and children to have access to and increased awareness of the services available so that they are able to have choice and control over who they engage in and ensure that they are able to seek the most appropriate services to support their needs rather than being isolated due to lack of collaboration between services that exist for the benefit of families and children.
- Translated posters in public spaces
- More posters and advertising in general – throughout children's programs and community environments
- Even with accommodations in place attending group programs can be extremely difficult for some families and cannot be the only option presented. There needs to be a place for individualised supports for families who are struggling, whether it be from burnout, mental health, low capacity, time poor
- Delivering programs in conveniently locations for families and children, e.g. in local community halls
- Peer consultation - asking families what would make these more accessible to them,
- Tendering to experienced consultants such as allied health professionals to provide education to community (sporting, library, councils etc) and education settings to promote awareness, education and inclusion. As well as promoting early identification of delays, disability, mental health, family breakdown etc.

Apart from the issues outlined above (on page 8), are there any other changes FaC children, youth and parenting programs should consider to strengthen the community sector?

- Increased collaboration with local child and family service providers – community health, daycare, kinder, schools, youth and family services, allied health practitioners so there are local and continued points of contact.
- Increased grant flexibility to allow smaller providers and consortiums to apply for funding, especially in areas where they are no other suitable service providers.

What changes (if any) should be made to FaC children, youth and parenting programs to help achieve the outcomes set out in the Early Years Strategy?

- Ensuring programs are reviewed and removed when things are not considered evidence based and diversity affirming (for example - Secret Agent Society)
- Promoting evidence based programs (circles of security, Learning Language and Loving it, Abecedarian Approach, Sing and grow, Volunteer Family Connect, Cool Little Kids, Incredible Years, PCIT, Parent child Mother Goose, etc) to the appropriate stakeholders who can pass this info to families
- Promote services and programs that are strength based, and promote connection and collaboration over compliance. Ensuring positive long term family and mental health outcomes.
- Offering these programs in more areas with greater flexibility regarding times and dates to promote accessibility. For example the nearest supported playgroup being over 100km away is not accessible for a family, especially if transport is an issue or the child does not like travelling.
- Ensure programs that are funded are codesigned with the population they are designed to support including those with neurodivergent conditions.
- Offering online options – as an alternative for the families that prefer this. There needs to be a mix available.
- More training for upskilling of the staff who deliver these programs to identify when additional supports and further intervention may be required.
- Set a minimum qualification set for those providing the supports – ensure that programs providing support to at risk families are supported by allied health professionals, mental health professionals and educators with additional training.
- Programs should be compliant with the UNCRPD.

What changes (if any) should be made to FaC children, youth and parenting programs to improve the access and inclusion of parents/children with developmental concern or disability?

- Early introduction and awareness of these programs ideally by Maternal Child nurses, Paediatricians, GPs and childcares
- Programs provided by allied health practitioners who are trained in supporting both parents and children with disabilities. Private practices across Australia

should be considered to strengthen this work force and promote access. Private practices are highly adaptable and embedded within their local community allowing them to pivot and provide tailored supports.
- Identification/screening should be added to these support which could then allow access to funding for targeted intervention.
- The report suggests that a lot of current providers are struggling to provide the group programs they have planned and therefore provide more intensive or 1:1 supports. This indicates the need within the communities they support for greater flexibility and access to a range of services. One support does not suit all families and it is important for families to have choice of programs, delivery models, location and provider.
- Development of assessment tools and screeners that are considerate of an individual's and families needs (cultural, developmental, diversity, geographical, financial etc)

What type of services are preferred by parents or carers with disability or by children with developmental concern or disability?

- Codesigned programs that reflect the needs of the family and the children in their local community
- Flexibility in regards to time of day, location, low demand for engagement if a family is overwhelmed.
- Programs to connect parents/ carers with peer supports and professional supports.
- A variety of face to face and online services
- Individual targeted intervention is usually requested that can address specific goals
- Greater training of those delivering programs and supports in the younger cohorts/where the infants and toddlers are going, to allow for early identification of when targeted supports and greater intervention is needed (all ELC, playgroups, swimming teachers, baby sensory, GPs etc)

What changes (if any) should be made to FaC children, youth and parenting programs to strengthen outcomes for First Nations children?

- Programs delivered in places considered safe by First Nations people (community hubs, schools, libraries)
- Programs delivered in collaboration with First Nations people (educators, GP's, Paediatricians, allied health)
- Content to be sensitive to the needs of First Nations people.
- Outreach programs to service areas with fewer available supports

- Transport options to help families attend programs and supports
- Greater multicultural training opportunities for all support staff, education staff and Allied health to assist with supporting the needs of first nation and CALD families
- In QLD - ATISCHS and IUIH do this well, delivering really efficient and affordable care and connection to a lot of supports. More holistic programs that aren't separating out and consider all cultures, especially with how multi-cultural Australia is

How could the number of ACCOs delivering FaC children, youth and parenting programs be increased within existing funding, especially in First Nations focused communities?

- Prioritisation of ACCO's when applying for grants in this space
- Collaboration and support of ACCO's to engage with other providers offering similar programs to extend the reach of supports
- Open up eligibility criteria for who can apply for this funding, with grants for ACCOs to delivery training and support and codesign services to other service providers funding to provide cultural training to ensure that supports Australia Wide are meeting the needs of first nations.

Considering the key elements for successful transition listed above (on page 12), are there any other elements that would be important?

- Empowering members of ACCO's to lead the programs.
- Enhancing the shared knowledge and skillset to allow for this.

What changes (if any) should be made to FaC children, youth and parenting programs to provide supports in a culturally appropriate and trauma-informed way?

- Cultural awareness training to all staff
- Trauma informed and diversity affirming training to all staff
- Simplified English versions
- Continued refresher training as well
- Ensure codesign and strength-based outcome measures
- Ensure programs are UNCRPD compliant

Is there a way to improve how FaC children, youth and parenting programs refer families to specialised tertiary supports?

- Consider grants to private practices for specific specialised tertiary supports that may not meet the "threshold" for typical government tertiary supports

- Increased collaboration/ communication between specialised supports and FaC programs to aid increased understanding of service, scope, availability and best match for families.
- Break down barriers between health, education, NDIS and the private sector to allow collaboration and communication that is in the best interest of the families and children they support in the communities that they support.
- Policy change for increased referring opportunities beyond public and non profit sectors, allowing families to find the support services specific to their individual needs.
- Creating a screening for providers of minimum skills and requirements/ training to be on the list for specialised tertiary supports to ensure the family are receiving quality supports.
- Further training of staff on how to communicate the need for further intervention in a suitable way to achieve positive outcome and introduce additional supports without overwhelm or withdrawal.

What changes (if any) should be made to FaC children, youth and parenting programs to improve inclusiveness for all parents, carers and children, regardless of family structure, gender or sexual identity?

- Provide services in a variety of settings. Many community groups are often run in churches which may not be safe spaces for people from a variety of cultures and gender and sexual identities. Consider training staff in inclusivity and diversity affirming practices. This includes staff who work in administrative roles and intake lines as these first points of contact who can leave an impression on a person accessing services
- Aim for diversity within program facilitators.
- Different delivery format including online on demand resources
- Advertising to show different people/genders/culture etc to demonstrate the diversity it aims to deliver
- Allowing tender by a greater range of supports and services including for profit organisations that work with specific cohorts and provide tailored supports to different populations. Not all programs work for all people and sometimes different cohorts feel more welcome and willing to engage in services specifically designed to meet their needs.

To improve delivery against the Working for Women Strategy, what changes might help increase men's engagement with parenting programs? And what changes might increase gender norms around caring?

- Consider some of the research through the Kids Research Institute team working on fatherhood engagement and research. Could possibly chat with Vincent

Mancini, Senior Research Fellow at The Kids Research Institute for evidence-based input.
- More male facilitators.
- Offer within work settings and employers to allow access to programs within work hours where possible.
- Graded approach to access to build confidence – start in home 1:1 then progress to small groups
- Advertising and marketing with males and using the research/complete research into what is specific to the challenges men/fathers face in this space to assist with buy-in

To strengthen community-led partnership in the CfC program, should CfC committees provide guidance across all CfC activities? Should any other changes be made to strengthen community-led partnerships in the CfC program?

- Yes – The CfC have said "current Evidence Based Program (EBP) requirement limits innovation and tailoring to community need, can be costly, and can mean services delivered are less suited to First Nations and CALD families." Consultation should occur to allow programs to be codesigned to meet the needs of the community, families and children rather than forcing the program to fit when it doesn't.
- Absolutely there is also a lot more research coming out about the differences between cohorts and family needs and this should be tailored into a specific programs.

Are there other changes (other than those on page 16) that could be made to the CfC program, which build on existing strengths to improve delivery against the Working Together Agreement commitments?

- Supports and funding directed towards vulnerable and remote communities. Look at DEX info to ascertain where supports are most being utilised and tailer the need
- Provide funding to allow education to be expanded beyond direct supports to children and families, including upskilling community organisations, sporting groups, local businesses, councils and more in regard to disability inclusion, intergenerational trauma, accessibility and mental health. To promote communities that are open and inclusive.

How should FPs actions and outcomes be measured? Would these be best done through the ideas proposed above (on page 17) or through another approach?

- Surveys/ info collected from families and children (quantitative)

- Consider a category system for services (face to face group/ individual direct supports, community liaison, building partnerships, capacity building, community development, data/ evaluation, administration, etc)
- Outcome measures should be strength based and more weight should be given to feedback provided by the families and communities that are supported by this grant than number reflective of occasions of service and number of individuals supported.

Should the current Evidence Based Program requirement be changed? Would this be best done through the changes proposed above (on page 17) or through another approach?

- Evidence based practice needs to be consider in a wholistic approach rather than a desktop audit. There is more to ensuring best practice than paper based research that is usually 5-15 years behind due to the ethical side of research on children and families. It is therefore important to consider the lived experience of children and families, the experiences of allied health professionals and other specialists that have training in specific cohorts and lived experience in supporting these individuals.
- Rather than looking at a program against current paper research, criteria should include peer engagement, codesign, the flexibility for review and adjustment of the program to meet the needs of those being supported and ensuring the programs meet the UNCRPD.

Should changes be made to FMHSS, so services are able to focus solely on early intervention?

- Yes, but we need a clear idea of what is meant by Early Intervention and we need to ensure there are enough networks and referral pathways for FMHSS transition families and children that require additional support.
- Yes and graded levels and types of support programs to match the level of the support required

Should changes be made to the CaPS program so services are better placed to focus on prevention, early intervention, and providing children with the best possible start to life?

- We need to understand the diverse needs of the population and understand that there is no one program that suits all children and families, therefore we need to ensure that there is choices within local areas.
- Flexibility is essential and then referral on to more tailored and targeted supports when needed.

- Reinventing and recommissioning supported playgroups may not be the answer, consultation with the community and codesign with the people this funding is aimed as supporting is essential in ensuring effectiveness.
- Yes, but also need clear referral pathways and services that have minimal waiting times once clients are moved on from CaPS and that children are supported with seeking additional support as soon as possible.
- Staff need better training to identify at risk populations and knowing when there is a need to shift from routine programs, to general to targeted supports and professional intervention.
- It is clear from the report that highly qualified staff are required to provide these supports (63% of time supporting those requiring urgent help or intensive supports. Along with a number of service being unable to be provided due to complex health risks and safety concerns). To reduce these barriers and ensure access for all it is recommended that providers liaise with ndis and targeted foundational supports to ensure clear communication and referral on, to reduce the burden on these services allowing them to have further reach and ensuring families that require additional support are able to access it. If FaCS providers are spending a considerable amount of their time providing more intensive supports they are not delivering on their original program outcomes and this reduces their capacity to engage with the community, creating a gap where families and children may fall without support.

ADDITIONAL INFORMATION FOR THOSE INTERESTED:

https://engage.dss.gov.au/families-and-children-fac-activity-children-youth-and-parenting-programs-discussion-paper/

Things to read -

- Discussion Paper - https://engage.dss.gov.au/families-and-children-fac-activity-children-youth-and-parenting-programs-discussion-paper/discussion-paper/
- Evidence Paper - https://engage.dss.gov.au/families-and-children-fac-activity-children-youth-and-parenting-programs-discussion-paper/evidence-paper/
- The ‘guidebook’ of approved programs - https://aifs.gov.au/research_programs/evidence-and-evaluation-support/cfc-program-profiles
- Programs that are submitted for approval and can be funded - https://aifs.gov.au/resources/resource-sheets/list-promising-programs-submitted-approval-aifs-evidence-and-evaluation