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Submission to the
Families, Housing, Community Services and Indigenous
Affairs *Family Support Program Future Directions*
Discussion Paper

Future Directions of the Family Support Program

November 2012

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Anglicare Australia

Anglicare Australia is a network of 43 independent organisations that are linked to the Anglican Church and are joined by values of service, innovation, leadership and the faith that every individual has intrinsic value. Our services are delivered to one in forty Australians, in partnership with them, the communities in which they live, and other like-minded organisations in those areas. In all, over 17,771 staff and 17,908 volunteers work with over 480,000 vulnerable Australians every year delivering diverse services, in every region of Australia.

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Executive Summary

Anglicare Australia welcomes the opportunity to work with the Department on improving the quality outcomes of an already very productive program. There is much to praise in the FSP though we have focused here on those areas that have attracted contention or agreement on improvements to be made.

Clearly work needs to be done on the fundamental definitions that support the work of services. The vision of the FSP is no longer a shared one and efforts must be made to realign it in support of clients. The community sector has a very clear view of what it considers disadvantage and vulnerability to be and seeks the trust of the Department to return to the flexible nature of the program and allow services to do what they do best. A focus for the upcoming consultations will be to identify a method of reaching the most disadvantaged and vulnerable that is mutually agreeable to meet appropriate demographic targets which are reflective of local need.

Adequate funding is a vexed issue with neither party ever fully satisfied with the end result. Whether funding is too little or too much, priorities need to be determined. Is the end goal to build a program that is going to engage with clients (and the more targeted, the more intensive and therefore the more costly it will be) to support them to develop and maintain healthy relationships? Or is it to provide an avenue for expenditure and a redistribution of funds? If it is the former, which generally it is believed to be, then the Government must commit to the structure it has endorsed and fund it appropriately.

Given the discrepancies in the methods used to identify need the reluctance of the Anglicare network to move toward a more targeted delivery model was clearly felt. Having already determined that place-based services were targeted it is agreed that further targets based on demographic indicators will only hinder service delivery and inhibit services' ability to achieve the desired outcomes as set out by the Department. Evidence exists in support of universal services, and the Government's own approach to social issues, namely the social inclusion agenda but also a social determinants model, lends itself to a population health approach to relieving disadvantage. Advice that further targeting can lead to increasing risk and stigma are other factors against further targeting.

Moving on from targeting and reflecting on the desired outcomes of the program, it was felt that linking the FSP too tightly to outcomes of other agendas is counter-effective. While collaboration was seen as highly effective and important to client outcomes, taking on the goals of other agendas, such as directly preparing an individual for work, was seen to be outside the remit of the FSP and a diffusion of the integrity of the program. A common comment was that the "FSP cannot be all things to all people".

The preferred option of targeting services more tightly was made clear in the paper as was the intention to deliver those targeted services through C4C frameworks. This has made the sector uneasy due to emerging issues with the C4C model. Ideally, where the model has not worked as well as expected, the Government would undertake to identify the critical factors associated with the lack of success. By not investigating further why some C4Cs are not working, the Department will potentially be perpetuating those inefficiencies that it is attempting to stamp out in other aspects of the program. Also in regard to the C4C model is the common experience of Facilitated Partnership (FP) taking on risk that they have little to no control in mitigating or managing. The structure of funding agreements is such that the ability for services to minimise risk post commencement is severely limited.

Finally, the Department itself claims to take an evidence-based approach to policy however given the relative lack of hard data, the recency of the latest changes, it is easy to identify opportunities for them to better occur. Anglicare providers urge the Department not to rush any decisions regarding a shift in service delivery and even to delay any decisions until inefficiencies in the reporting framework can be addressed.

Anglicare Australia is keen to participate in ongoing discussions regarding the FSP. It is hoped that these messages and any presented at face to face consultations are genuinely considered by the Department despite any divergence from its agenda. Anglicare Australia is also happy to assist in the planning for or implementation of any of those consultations or in other ways we might be of assistance.

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Methodology

In preparing for this submission, Anglicare Australia conducted consultations across the network including teleconferences, personal interviews and face to face meetings with the Anglicare FSP Network to gain feedback and comments on the discussion paper.

Family support service is one of the core service types that the Anglicare network provides with one in three members delivering it to our community. Within the network, family support service is often not a stand-alone service category but is embedded within other essential service areas such as drug and alcohol services and gambling counselling services.

Introduction

Anglicare Australia provides this submission based on consultations with Family Support Program providers within the Anglicare Australia network and more broadly.

The Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) should be commended for initiating this process well in advance of the cessation of current funding agreements under the Family Support Program (FSP). It is of interest that Minister Collins, and the Attorney General in a parallel, would instigate this process so closely off the back of previous reforms and we welcome the opportunity to provide anecdotal if not formal feedback on the current operation of the FSP as it occurs on the ground.

Anglicare Australia is operating under the presumption that the intention behind these discussions is that of continuous improvement. However it seems from the paper that Government is keen to pursue an agenda of increasing targeted services delivered through the Communities for Children (C4C) model. The unfortunate reality of progressing this option is the reallocation of funds 'from within the portfolio' and likely to result in the reduction of universal services within the broader FSP.

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To make some general comments before we explore the issues arising from our consultations: there has been pushback from within the sector on the option of increasing targeted services at the cost of universality. This was a very clear point of consensus for Anglicare providers; services and programs should be available to people based on need and not on demographic identifiers. Other clear themes arising from our consultations have been incongruence between the perceptions and goals of the Department and those of providers and the ongoing issue of trust.

There was early agreement between some providers not to be seduced by the language used in the discussion paper. There are concerns over the intention of this process and the outcomes that will arise from it. Advice from the Anglicare Australia network providers is that acting too quickly to make changes to the program without considering the fundamental concerns of providers will be rash. As will implementing changes without a similar process of introspection from within the Department.

...the importance of government departments changing the way they work is just as important to achieve a better service system for these clients.

(FSP provider, 7 November 2012)

In this response, Anglicare Australia will not be providing direct answers to the questions formed in the paper. Instead it will offer feedback in relation to the issues that arose from discussions of the broader topics as laid out in the paper.

Who does the program support?

In providing services to families, the Department seems to have a different view to that of providers about how services should be delivered. As an exercise in continuous improvement it is important to understand where expectations do not match reality. Feedback suggests that this is the case in several areas: service integration, service reform; service delivery; and perhaps most fundamentally, between understandings of vulnerability, disadvantage and community need.

Throughout consultations with the sector regarding the future directions of the FSP one of the most prevalent issues which arose time and again was the incongruence between the perceptions and desired outcomes of the Department and those of the sector on what it means to support families to build and maintain healthy relationships. In our discussions with FSP providers it was exceedingly clear that there is a belief in the efficacy of the program. Although similarly, the undercurrent of misalignment was also clear to the extent that service providers felt that the once shared vision of the FSP has evolved along very different pathways.

The major point of divergence seems to be in how the terms *Vulnerability*, *Disadvantage* and *Community Need* have come to be understood by the major stakeholders of this program. How these concepts are understood impacts greatly on the way services are delivered with and for people who are seeking support in working through their complex needs.

The clearest message received from providers is that there are different ways of understanding disadvantage, in particular, and vulnerability and also that the Government's definition misses the point. Generated through statistical modelling, the bureaucratic definition of vulnerability and disadvantage is about what demographic identifiers characterise an individual or community. Other indicators of vulnerability, those usually discernable by organisations with a long history of working with communities, are overlooked.

Targets should be around local need rather than statistically derived demographic need.

(FSP provider, 7 November 2012)

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Current government policy is to move away from what providers can see to a 'fail-safe' service delivery model of identifying clients through a top-down formula. Processes and protocols imposed on organisations disregard to the sensitivity that organisations can bring to such tools. Often, stringent protocols dilute or dismiss entirely the dynamism of both the program and organisation by attempting to replicate that sensitivity through the use of a blunt instrument.

Some aspects of disadvantage might be more hidden in communities rating higher on disadvantage scales but just as devastating for those who experience it.

(FSP provider, 27 November 2012)

If we are going to embed a broader definition of vulnerability and disadvantage into the discourse we have to help others understand what it is we mean by it. As with many complex concepts it is difficult to pin-point an exact definition and is more often than not described as what it is not rather than what it is. However, below are some examples of what a broader and more fluid definition of vulnerability and disadvantage might mean in the context of practice rather than theory:

- Disadvantage might be the unexpected hardships of poverty on previously affluent children due to family breakdown.
- Disadvantage might be the role-reversal for children as they attempt to care for parents experiencing a separation.
- Disadvantage might be the flow on effects from mental ill-health, a life-course event, or even an unexpected expense.
- Disadvantage might be a parent sent to gaol.
- Disadvantage might be dealing with illness or life threatening accident of parents or children.
- Disadvantage might be a parent losing a job.
- Disadvantage might be family being in threat of being evicted because they can't pay rent.

- Disadvantage might be family being in threat of losing home because they can't pay mortgage.
- Disadvantage might be parents struggling with how to parent well – some with children who have special needs.
- Disadvantage might be managing disability of children or parents.
- Disadvantage might be issues of domestic violence.

Whilst not exhaustive this list goes some way to describing how the complexities and interwoven nature of disadvantage might be considered; more fluidly and in a broader context than socio-economic status or a checklist of demographic indicators. Underpinning the drive to a more thoughtful approach to disadvantage are the people who experience it on a daily basis. Aspects of disadvantage are hidden but are just as devastating for those living the reality of it. The dot points provided above show how disadvantage is observed by community organisations which see and work with the *people*, not the demographic qualifiers.

Consideration needs to be given to how the programs will continue to be delivered. For many organisations, there is value in the Vulnerable and Disadvantaged Client Access Strategy (VADCAS) but as further conditions/targets are placed on services the limited resources of services are stretched and the services themselves become less effective.

As the self imposed remit of many community services, working with the most vulnerable and disadvantaged in communities is a given. The VADCAS has been noted as an effective tool in allowing agencies to critically reflect on those activities it is currently undertaking – for those who have the time and resources to commit to such an exercise – whereas for others, it was an expensive activity that provided no real value in strategically guiding how services might be delivered to the *most* vulnerable and disadvantaged. Moreover, how people within communities are identified as vulnerable and disadvantaged was found to be an obstructive mechanism with one provider commenting:

...targeting is not about demography, it's about need...

(FSP provider, 14 November 2012)

Problems existing around the VADCAS are those of resource intensiveness and a mismatch between definitions of vulnerable and disadvantaged. Additional concerns around the strategies were that the language generally was stigmatising which required organisations to retro-fit the format to more user-friendly strengths-based versions. Tensions build as agencies aim to complete the tasks required of them under the program but which potentially have little to no real value; an exercise in compliance rather than quality assurance.

...we can't engage with it in a meaningful way...

(FSP provider, 14 November 2012)

Agency resources are already stretched, and as Governments look for efficiencies within services it is counter-productive to insist on a one-size fits all approach to service-delivery. The requirements within the VADCAS ought to be dynamic enough to support agencies to engage with their communities but not so rigid as to cause distress to organisations as they attempt to shape their agencies to fit. A lens is used to view the world and to help organisations shape their services to fit the community it views. The VADCAS is that lens. If you look backward through a telescope you get a distorted view of how reality actually appears. The same could be said of the VADCAS in that we are looking through the community at the VADCAS; trying to slice communities in a way that matches the lens and so are in effect developing plans on a distorted view of *place*.

...our client base is 100% Aboriginal. How do we improve on 100%?

(FSP provider, 16 November 2012)

At the recent Aboriginal Family Violence Prevention and Legal service conference in Victoria the Aboriginal community were clearly expressing concern that the FSP model is 'missing the mark' and creating tension rather than meaningful interactions as funding is pushed away from self-determination, to the NGO non-indigenous sector. Indigenous target requirements are unrealistic and rather than strengthening and supporting stronger relationships, it focuses on unrealistic targets. For example, at one C4C site service data indicated that 117 Aboriginal children and adults had been engaged in a program. The ABS 2006 data indicated that the total population for the specific area was 750 Aboriginal people residing in the area. The Facilitating Partner was advised by FaHCSIA that there needed to be a 5% increase in performance of this target.

(FSP provider, 26 November 2012)

The response in the case above was not a question from FaHCSIA of whether there were other members in the community who might benefit from support and how might the service engage them? The response was a directive to meet an arbitrary target of 20% of the local indigenous community. This is an exemplar of the divergence between understandings of disadvantage and community need and of the inherent rigidity of the VADCAS in shaping service delivery.

Another example...

...our target figures were removed from the contract to allow our service to better cater to the needs of the local community. The demographic targets weren't reflective of the need that was presenting. At reporting time though, the service was chastised because it did not meet the target figures.

(FSP provider, 2 November 2012)

As further targets are introduced to the VADCAS, such as might be the case with an increase in place-based initiatives, the expectations on agencies meeting the requirements of the strategy will similarly increase.

...further expanding the groups or needs we need to respond to in a targeted approach stretches services to the point that they become ineffective at reducing need.

(FSP provider, 2 November 2012)

Similar to Minister Collins (as stated in her forward to the discussion paper) agencies have real concerns about their ability to continue to meet both the challenge of creating accessible and effective for services and the need for an integrated, well planned and funded service system. The concerns may derive from very different standpoints however, the Minister may see a rise in particular areas of demand and have concerns over the sector's ability to meet such needs without refocusing the aims of the program. The sector's concerns however are how are such objectives to be met without additional support to achieve those goals?

For this to be a truly successful program the government needs to accept that funding needs to match the service design. It is a futile exercise to expect particular outcomes from a system that is not underpinned by a structure that supports it to meet its goals.

The crux of many Government programs is the funding schedule that accompanies them. We are often reminded that we are operating within tight fiscal constraints however this does not negate the fact that Australian people are in need of support. Ultimately, if the goal of government is to improve economic performance it must ensure the nation's people have the ability to function at a level that contributes to productivity. Therefore, where people are struggling to do so or are experiencing barriers, Government must invest in people and programs.

The principle of human capital is balanced though by the need for a return on investment. As the saying goes, 'there is no point throwing good money after bad'. As it currently exists, the FSP is neither a poor program nor being overwhelmed by investment. The FSP is a program that has the capacity to meet its objectives but which is not matched by a funding model that is supportive of that end. Further

conditions are being placed on organisations, especially if increases in targeted services are to go ahead, but without corresponding increases in funding. Historically, the NGO sector has been required to do more with less but as the FSP becomes more expansive, the lack of increasing funding has the potential to undermine the program as a whole. Across the range of ACOSS Community Sector Surveys (2005-2012) the number one concern for the community sector has been the mismatch between funding and the demand for services with between 50 and up to 92% of respondents *each year* pinpointing inadequate funding as a serious concern.¹ In the Productivity Commission report on the contribution of the Not-For-Profit sector it was noted that organisations routinely only receive 70% of the actual cost of delivering services.²

...we try to spread our funding across our service, that way we are better able to meet the needs of our clients.

(FSP provider, 7 November 2012)

Funding is an ongoing issue and one that is set to worsen as the global economy continues to fluctuate, and particularly given the un-deterred pursuit by Government of a surplus. Government has outsourced its social obligations and in doing so must make a fundamental decision: how much is it willing to spend or what it wants to buy. The answer will have implications for how the FSP funding will be renegotiated following cessation of current contracts. Feedback from the sector is clear however:

- Funding should match the program goals and support organisations to achieve those goals.
- Funding should be secure over time in order to see real results.
- Funding formulation should be transparent with agencies having a clear understanding of how the amount was derived.

Where are FSP services available to families?

Universal vs targeted services

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There are risks involved with transitioning from a universal to more targeted approach to service delivery. Treasury's own data shows that preventative measures assist in increasing productivity. Firstly, narrow targets increase the risk of 'missing'; second, it increases the likelihood of forcing those people who are otherwise managing with minimal support into further disadvantage; and third, is the undermining and stigmatising effect of targeted services.

Geoffrey Rose³ was perhaps the greatest proponent of universal services. Taking a population health approach to the prevention of clinical conditions, Rose advocated that disease was best mitigated by addressing widely distributed low-risk, in addition to, localised high-risk strategies. That is to say, rather than focussing only on those who have or are highly likely to have the disease, in which case treatments are likely to be ongoing and at a higher intensity and cost, to focus more broadly with less intense but preventative measures to ensure that the incidence reduces in the first place.

Although Rose's population health theory has its critics, largely that identifying and predicting high-risk groups is more accurate than it was 20 years ago, it is still a theory that carries weight in terms of prevention. Herd effect theory,⁴ which is similar in nature to Rose's population health approach, still underpins immunisation policy whereby the 'herd' is relied on to protect those that are susceptible (one might even say *vulnerable*) to certain communicable diseases. Social issues need not be so different.

Prof Fraser Mustard⁵ wrote extensively on the benefits of providing universal education to children under the age of six. Findings showed how interventions in developing young children's reading skills

¹ ACOSS Community Sector Surveys 2005-2012.

http://acoss.org.au/papers/category_community_services_surveys/5/P0/

² Productivity Commission. 2010. Contribution of the NFP Sector.

³ Rose, G. 1985. Sick individuals and sick populations

⁴ Herd effect theory

⁵ Mustard, F. 1999. Reversing the Real Brain Drain: Early Years Study final report

aimed at children from low socio-economic households actually benefitted children from middle income families equally. The outcome achieved was a whole generation of children from all backgrounds better equipped for reading, school, learning and education.

Targeted, intensive services can be extremely costly and provide benefit to only those they serve. Normative universal approaches have been shown to provide benefit – through establishing norms and promoting the self-efficacy of individuals – to the whole of society⁶. Universal approaches have been adopted in many social spheres and given the rhetoric of the government for adopting a social determinant model of health or even with the Social Inclusion agenda, universal approaches fit neatly within either framework.

...raising community standards does not seem to be valued as highly as meeting targeted outcomes.

(FSP provider, 16 November 2012)

Having adopted a broader and more fluid definition of disadvantage, recognising that it can come in many forms (as recognised by a social determinants or social inclusion model), FSP providers are reluctant to move to targeted services at the expense of universal ones.

Already we have demonstrated that differences exist in the way the Department views disadvantage and vulnerability and how it is viewed by the sector. As a side note, it would be interesting also to learn how service users themselves view these concepts and how they feel to be described as such. Operationalising the difference though, are targets that do not match community need. Though described as universal, services are in effect already geared to addressing presenting local need. Further narrowing that purview moves away from the benefits described by Rose and Mustard and...

...overrides the ability, but not the necessity, of meeting community need.

(FSP provider, 7 November 2012)

Place-based approaches can be some-what of a misnomer. Essentially, pinpointing locations of high disadvantage and identifying targets, often do not describe the communities that organisations are working with nor do they accurately reflect the need of that locale. Place-based approaches initially were meant to focus on flexible delivery of services, using local knowledge, to address needs specific of the area rather than to apply standard formulas across the board.

...place-based approaches are meant to address the needs of the place, not roll-out a generic program to places identified broadly as being disadvantaged.

(FSP provider, 14 November 2012)

...for our CALD targeting, FaHCSIA [was] placing significant emphasis on achieving targets in this area, despite being in communities where people are predominantly Australian English born.

(FSP provider, 26 November 2012)

Anglicare network providers support *appropriately* targeted programs but not at the expense of universal service provision which undergirds the support offered to a community. The mismatch between the pre-determined targets and presenting community need must be addressed and this is most effectively done through services which are available to those who need them.

In moving toward further targeting providers are concerned for service users who are managing to work on their family dynamics with limited support and may, in time, require more intensive support for worsened family conditions. This is not to say that all service users will automatically and dramatically decline in circumstance. But for many, due to the withdrawal of limited but reliable support, those dynamics may disintegrate over time to the point where much more intensive support is required.

⁶ Rose, G. 1985. Sick individuals and sick populations

Both our services are universal and if we shift to a targeted delivery model, many of our clients might not 'fit' the restricted criteria but that won't decrease their vulnerability.

(FSP provider, 7 November 2012)

...need to take a multi-level approach to identifying need by taking a more considered view of people's actual circumstances.

(FSP provider, 7 November 2012)

A classic example of this type of effect can be seen in the disability support sector. There, funding did not match demand and eventually services were rationed (read 'targeted') to meet only the most urgent of needs. This method of management led the sector to be described by the Productivity Commission as "underfunded, unfair, fragmented and inefficient".⁷ Though the size and the settings are different, the principle remains: rationing universal services which provides a benefit to all by embedding protective factors into our society to pursue more intensive but targeted services which greatly benefits only a few definitely has its limitations.

Stigma is also a very real concern for clients as it can undermine their expectations of the support they receive. For example, parenting groups where people might attend with the apprehension of seeking help and 'doing the right thing' but discover that the service only caters for "dysfunctional" people can be more destructive than helpful.

As the government embarks on more ambitious agendas, elements of those agendas filter through and become performance outcomes for service programs. Though in and of itself a valid attempt at cross fertilization and intergovernmental approaches the sentiment in the case of the FSP is that the outcomes of the various agendas, particularly the BAFW and the FSP are counter-intuitive. The aim of the FSP is to build functional relationships. Not to move people into work.

Although the aims of the FSP state that it's to "strengthen family wellbeing and community cohesion, protect the best interests of children, close the gap in Indigenous disadvantage, and build parents' capacity to participate in work" tension exists over the role of the FSP in bringing about the outcomes of several different agendas. Primarily, FSP is seen as the means to support families experiencing complex issues and the goal of preparing individuals for the workforce is purely secondary to functional relationships.

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...the work we do creates space for people to become work-ready not to prepare them directly for work.

(FSP provider, 7 November 2012)

The FSP cannot be all things to all people.

(FSP provider, 7 November 2012)

It is the self-proclaimed responsibility of providers to interrogate the efficacy of alignment of national agendas and how that can benefit service delivery. Additionally, it is up to them to point out to government where benefits to service delivery cannot be gained. It is important to ensure that the agendas feeding into programs are cohesive but ultimately the best interest of children and families ought to be the driving force behind any change in practice.

Anglicare network providers agree, there is merit in collaborating with other services outside the FSP in pursuit of national agendas. People do not exist in a vacuum. Gains can be made from both broad collaboration and working closely with a variety of organisations such as employment agencies to more effectively provide a net of support for people. It was made extremely clear however that better outcomes can be sought for people through collaboration without adopting the end goals of those partnering organisations or becoming the service provider themselves. The feeling that Government has an expectation for this to be the case was pervasive and engendered a frustration among providers

⁷ Productivity Commission. 2011. Long-term Care and Support Scheme.

that the focus of the FSP on achieving family relationship outcomes should be diffused or diverted by such.

Communities for Children

Much of the focus of this discussion paper is on the transition from universal to targeted services under the probable roll-out of additional C4Cs. The problem with the implementation of this policy strategy is that not all C4Cs are functioning as expected. Before the model is up-scaled even further it is important to understand why these occasions of a progressive model are falling over.

C4C's attract only a small portion of the overall FSP funding. Determining the success of the FSP seems to be reliant on the success of C4C's which is concerning due to not all of the C4C sites operating as expected.

...we need to refocus on fundamental services rather than the C4C.

(FSP provider, 14 November 2012)

Where the C4C model has worked well there has been success with community collaboration to provide a more effective response to local need. There are many C4C good news stories and it is these that have brought such attention and accolade for the program. Unfortunately there are also instances where it hasn't worked as planned and operational issues around the implementation of C4Cs are only now coming to the fore. Concerns exist around duplication, administrative drawdown on funds, tensions around Facilitating Partners (FP) identifying as truly local organisations when in some instances they don't have direct knowledge of the area and the structure precluding organisations from having a relationship with the Department.

...I'm not saying C4C doesn't work, it works where they work well.

(FSP provider, 16 November 2012)

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Essentially thought highly of by FSP providers the C4C model is effective at drawing together local presence and knowledge to engage with and support communities. It is a governance model that is highly flexible, powerful and sensitive to the needs of a community. The way the model has been rolled out in some locations however has not utilised that capacity for flexibility or sensitivity and has subsequently not performed as expected. In the instance of these underperformances it is crucial to understand what the critical factors were to ensure mistakes are not repeated, especially as 19 new sites are currently being established under the *Stronger Futures* agenda and the broader FSP program is potentially restricted in favour of targeted services delivered through a C4C model. Fears among the FSP sector are that if the program is up-scaled without understanding the nature of these critical factors then it is highly likely that a portion (and we don't know what kind of portion until it is investigated) is likely to be funding an ineffective service delivery. Without understanding those critical factors would the shift in service delivery effectively build in the efficiencies and issues around streamlining that government seems to be trying to eradicate from other parts of the program?

Identifying significant local providers and providing them with community development/linking funds with a view to providing service delivery suggestions and then directly funding other service providers in the area who are accredited quality assured providers is the other way to go.

(FSP provider, 28 November 2012)

C4C FPs have all the responsibility but none of the control

Above we referred to the power and flexibility of the C4C model. The adoption of such a model was a brave step forward for the Department as high flexibility often goes hand-in-hand with risk. Somehow, though, the risk attached to the flexibility of service delivery has been shifted onto FPs who then have

little to no control over mitigating or managing it. The onus on collaboration in this model, which also gives it strength, amounts to increased risk and cost shifting but where FPs lack control over the process of ongoing quality assurance. The flexibility comes from identifying need in communities and inviting services who are effective at addressing that need to work collaboratively to support the local community. In the planning stages risk is more readily mitigated because the project or rather program in this case has not yet begun. Risk becomes far more apparent and prevalent once implementation has begun and yet this is where the control over mitigating it declines. In accepting the role of FP, services effectively agree to own apparent risk yet, due to the structure of the funding agreement, forgo any power over the continuing quality assurance processes. Acting in a FP capacity is a take it or leave it type scenario with little to no room to negotiate the terms.

FPs have no shared ownership of the process. FPs are handed a contract with no ability to negotiate the terms. There's no trust.

(FSP provider, 16 November 2012)

It has been said that the C4C model could be used as a way for government to distance itself from the responsibility of the program whilst not relinquishing any of the ownership. Organisations claim that the establishment of Facilitating Partners does not rescind the need for direct relationships between services and Program Managers within the Department. It is important for services to know, Facilitating or Community partner alike, if they have concerns they are able to contact the key person in the Department and get an answer or at least to open a dialogue. It is strongly felt that the existence of the FP is not a replacement for that key relationship. This also represents the loss of an important source of on the ground evidence in the development of future service delivery.

...a time was when you could call a person in the Department and talk to them. You can't do that now, I wouldn't know who to call.

(FSP provider, 16 November 2012)

How does the FSP use evidence to improve service delivery?

Evaluation framework is not fit for purpose: issues around quality, consistency and time.

Continuous improvement requires reliable and valid data with which to inform decision-making. Feedback to date suggests that data returned from FRSP online has been ineffectual for this purpose and the outcomes-framework for reporting seems to be inconsistent. Consistency is key to building a reliable data set both collectively and as individual organisations. It is the inconsistency in collection and reporting that has led to frustration with the process combined with the too short timeframe to generate sufficient data. Generally there is a lack of faith in the robustness of the data to provide evidence on which to base policy decisions. It is also felt that there has not been enough time elapsed since the VADCAS to evaluate its effect before implementing further targeting.

Data collection has an impact on services, and subsequently poses challenges for maintaining an environment of positive collaboration with families including children. There is no wavering in the support agencies have in contributing to an evidence base that identifies outcomes, and the impact on trends over time yet it needs to be done in a way that that has minimal impact and maximum output else the impacts become evident in delivery and service users withdraw. A clear, consistent and reliable reporting framework will help to achieve this with the organisations able to have a clear sight between what they are collecting and submitting to the Department and what they receive in return.

The reports we got back on our services were difficult to read, had limited useful information and it was unclear what parameters were used to generate the data.

(FSP provider, 7 November 2012)

There are examples within the network of agencies fulfilling reporting requirements of the program and simultaneously maintaining their own data management systems because the time and expense

required to manage the two systems is still far more efficient and effective than relying solely on data generated through FRSP online.

...sometimes even a spreadsheet is better.

(FSP provider, 16 November 2012)

It is our understanding that the reporting framework for the FSP is relatively untested in the field. Organisations underwent major re-education of staff in the reporting requirements under the reviewed program and are only now starting to see real data coming from the framework. Decisions are being made on outcomes where there is little to no data to support them.

This is the first year that new method of evaluating service delivery has been implemented and so it is too early to know whether the significant change that has been implemented has been effective.

(FSP provider, 30 October 2012)

Conclusion

Anglicare Australia welcomes the opportunity to work with the Department on improving the quality outcomes of an already very productive program. There is much to praise in the FSP though we have focused here on those areas that have attracted contention or agreement on improvements to be made.

Clearly work needs to be done on the fundamental definitions that support the work of services. The vision of the FSP is no longer a shared one and efforts must be made to realign it in support of clients. The community sector has a very clear view of what it considers disadvantage and vulnerability to be and seeks the trust of the Department to return to the flexible nature of the program and allow services to do what they do best. A focus for the upcoming consultations will be to identify a method of reaching the most disadvantaged and vulnerable that is mutually agreeable to meet appropriate demographic targets which are reflective of local need.

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Adequate funding is a vexed issue with neither party ever fully satisfied with the end result. Whether funding is too little or too much, priorities need to be determined. Is the end goal to build a program that is going to engage with clients (and the more targeted, the more intensive and therefore the more costly it will be) to support them to develop and maintain healthy relationships? Or is it to provide an avenue for expenditure and a redistribution of funds? If it is the former, which generally it is believed to be, then the Government must commit to the structure it has endorsed and fund it appropriately.

Given the discrepancies in the methods used to identify need the reluctance of the Anglicare network to move toward a more targeted delivery model was clearly felt. Having already determined that place-based services were targeted it is agreed that further targets based on demographic indicators will only hinder service delivery and inhibit services' ability to achieve the desired outcomes as set out by the Department. Evidence exists in support of universal services, and the Government's own approach to social issues, namely the social inclusion agenda but also a social determinants model, lends itself to a population health approach to relieving disadvantage. Advice that further targeting can lead to increasing risk and stigma are other factors against further targeting.

Moving on from targeting and reflecting on the desired outcomes of the program, it was felt that linking the FSP too tightly to outcomes of other agendas is counter-effective. While collaboration was seen as highly effective and important to client outcomes, taking on the goals of other agendas, such as directly preparing an individual for work, was seen to be outside the remit of the FSP and a diffusion of the integrity of the program. A common comment was that the "FSP cannot be all things to all people".

The preferred option of targeting services more tightly was made clear in the paper as was the intention to deliver those targeted services through C4C frameworks. This has made the sector uneasy due to emerging issues with the C4C model. Ideally, where the model has not worked as well as

expected, the Government would undertake to identify the critical factors associated with the lack of success. By not investigating further why some C4Cs are not working, the Department will potentially be perpetuating those inefficiencies that it is attempting to stamp out in other aspects of the program. Also in regard to the C4C model is the common experience of Facilitated Partnership (FP) taking on risk that they have little to no control in mitigating or managing. The structure of funding agreements is such that the ability for services to minimise risk post commencement is severely limited.

Finally, the Department itself claims to take an evidence-based approach to policy however given the relative lack of hard data, the recency of the latest changes, it is easy to identify opportunities for them to better occur. Anglicare providers urge the Department not to rush any decisions regarding a shift in service delivery and even to delay any decisions until inefficiencies in the reporting framework can be addressed.

Anglicare Australia is keen to participate in ongoing discussions regarding the FSP. It is hoped that these messages and any presented at face to face consultations are genuinely considered by the Department despite any divergence from its agenda. Anglicare Australia is also happy to assist in the planning for or implementation of any of those consultations or in other ways we might be of assistance.