



care DIGNITY
respect
change HOPE

**Submission to the
Supporting Improvements
to Department of Social
Services Families and
Children Activity
Consultation**

February 2021

www.anglicare.asn.au

About Anglicare Australia

Anglicare Australia is a network of independent local, state, national and international organisations that are linked to the Anglican Church and are joined by values of service, innovation, leadership and the Christian faith that every individual has intrinsic value. Our services are delivered in partnership with people, the communities in which they live, and other like-minded organisations in those areas. With a combined income of over \$1.94 billion, a workforce of over 11,000 staff and 6,000 volunteers, the Network delivers more than 50 service areas in the Australian community. Last year, over 850 family services staff delivered \$103 million of services to support over 54,000 clients across all states and territories.

As part of its mission the Anglicare Australia Network “partners with people, families and communities to provide services and advocacy and build resilience, inclusion and justice.” Our first strategic goal charges us with reaching this by influencing “social and economic policy across Australia with a strong prophetic voice; informed by research and the practical experience of the Network.”

Contact

Kasy Chambers
Executive Director

Anglicare Australia
PO Box 4093
Ainslie ACT 2602
T: 02 6230 1775
anglicare@anglicare.asn.au

Contents

About Anglicare Australia	2
Contents	3
Introduction	4
Outcomes for clients of families and children services.....	5
Certainty and accountability	6
Targeting and accessibility	8
Collaboration and coordination.....	9
Capability and innovation	10
Impacts of COVID-19 on families, children and young people	11
Impact of COVID-19 related government policies	11
Mental health	11
Education.....	11
Employment.....	12
Reduced support services.....	12
Housing	13
Conclusion.....	14

Introduction

Anglicare Australia welcomes the opportunity to offer our Network's experience and expertise to the Supporting Improvements to the Families and Children Activity Consultation. We see this as an opportunity for governments and agencies to learn from each other and work together to deliver Department of Social Services (DSS) funded families and children services to people who need them.

Anglicare Australia sees a central goal of community services to be contribution to a broad notion of human well-being and flourishing.¹ But government commissioning and service delivery should also aim to capture benefits beyond the individual that are sector and society wide. Acknowledging the tighter focus on delivering services within narrow parameters, we are wary of the intended or unintended loss of some services and activities that are highly effective.

This paper summarises Anglicare Australia's broad ideas in response to the first stage of this consultation. We intend to consult our Network to refine these ideas, and we warmly welcome the offer from the Department to work together on the proposals in this discussion paper. We also refer the Department to Anglicare Sydney's submission to this consultation, as a leading agency in our Network's work on outcome-based reform.

Outcomes for clients of families and children services

Outcomes

It is critical we continue on the journey to move from measuring inputs (resources provided) and outputs (how much is delivered) to outcomes (what is achieved) to strengthen our focus on making a real difference in the lives of Australian families and children.

Proposed improvement:

- Develop an overarching **outcomes framework** for in-scope programs. This will be developed and refined with input from service providers over 2020-21.
- **Introducing the reporting of outcomes** through the Data Exchange Partnership Approach as a requirement for all in-scope programs (phased in from 1 July 2021). This will be in new grant agreements.
- Service providers will be asked to demonstrate how and why, based on evidence, their program activities will contribute to the intended outcomes.

Anglicare Australia is wholly supportive of the idea that outputs should be assessed on the basis of how well they achieve outcomes. However we take this further, clarifying the outcomes that should be sought and measuring them, and then considering how these are valued. Service delivery should also aim to capture benefits beyond the individual that go across the sector and society – and not purely for fiscal and cost saving benefits.

In evaluating the impact of their work, Anglicare Australia member agencies tend to use concepts like 'self-worth', 'dignity' and 'resilience' that represent human flourishing. Our members were involved in the work of the University of NSW's Social Policy Research Centre to identify the absence of items or experiences which enable one to 'live without shame', developing new empirical and quantitative indicators of disadvantage and social exclusion. In addition to having a substantial meal at least once a day and a secure home, there should also be the ability, for instance, to buy prescribed medicines and schoolbooks and clothes for children.ⁱⁱ

Anglicare Australia has supported member agencies in rolling out the 2019 Anglicare Australia Emergency Relief (ER) and Financial Counselling (FC) Client Survey. Agencies collected baseline information about clients' primary reasons for presenting at Anglicare Australia member services, client wellbeing, satisfaction with service provided by Anglicare, as well as client outcomes, such as use of the Personal Wellbeing Index (PWI), calculation of sense of control over decision making, social connectedness and perceived service impact on outcomes. There is some overlap of outcomes that Anglicare agencies capture internally with outcomes captured in the Data Exchange partnership, and we would be pleased to further discuss how this program could be strengthened.

Certainty and accountability

Certainty and Accountability

Certainty of funding arrangements is key for service providers to build trust and engagement with clients, maintain workforce continuity and provide time to realise improved outcomes. It is also important to ensure greater certainty is balanced with accountability.

Proposed improvement:

- Implementing longer-term grant arrangements for **Communities for Children Facilitating Partners (CfC FP)**, **Family Relationship Services (FARS)** and **Family Mental Health Support Services (FMHSS)** for five years to 30 June 2026.
- Extending ongoing **Children and Parenting Support (CaPS)** and **Budget Based Funding (BBF)** services for two years to 30 June 2023, (with the exception of five CaPS services that are delivered at a national level, which will be extended for five years to 30 June 2026).
- To achieve greater certainty, while also balancing ongoing service quality, it is proposed that **longer-term grant arrangements have designated review points** to ensure relevant performance standards are met.

Our Network is in strong support of the proposal to implement longer-term grant arrangements for the DSS programs we deliver, including:

- [Communities for Children Facilitating Partners](#)
- [Family Law Services](#)
- [Family Relationship Services](#)
- [Children and Parenting Support](#)

We have previously put forward our support for longer-term grant arrangements in various consultations and inquiries.ⁱⁱⁱ In previous DSS grant administration, where the sector was assured of goals of much longer contracted periods, contracts were offered for just over two years. It is our hope that this reform is underway on a large scale not only by DSS but, as part of a wider change of approach by governments.

Designating review points in long-term grant management is long overdue, as is the principle of contracts being honoured on both sides – by governments and organisations. At a service level, the impact on staff – the capacity for organisations to keep people when funding is uncertain and indeed the requirement to give notice to senior staff once funding cannot be assured – is destructive and disruptive to agencies, staff, clients and communities. This uncertainty has caused difficulties for agencies to retain staff and hindered collaborative and innovative program design that is so valued by the Department. At a minimum, agencies should receive detail from the Department on contracts at least six months prior to any change or movement.

We seek clarification as to why Children and Parenting Support (CaPS) and Budget Based Funding

(BBF) are to be extended by two years only. If it is due to the potential integration into the
Communities for Children program, we will need to further consult with our Network on this.

Targeting and accessibility

Targeting and Accessibility

Some families and children experience multiple and complex needs and are at greater risk of experiencing poorer outcomes than other families and children.

Proposed improvement:

- Strengthen **targeting** of services to families experiencing **vulnerability and multiple and complex needs**.
- Other ways of strengthening the targeting and accessibility of services might include improving the **cultural appropriateness** of service delivery, developing strategies to **reduce stigma**, and **developing stronger referral pathways**.

The section of the discussion paper on addressing targeting and accessibility of programs is of too scant detail for Anglicare Australia to interrogate at this stage of the consultation. We are concerned that targeting of services may be expected without additional funding. If this was the case, it would not assist agencies to better support the families in mind.

Detail of mechanisms via which the families in question are captured also need to be ironed out. In a 2018 consultation of this service area, DSS emphasised the importance of the universal service system as a key mechanism to identify families and children that would benefit from more targeted or intensive services. Place-based programs with soft-entry points such as Communities for Children are extremely valuable in facilitating this.

Our Network would also emphasises that it is not always useful to, for example, have neglect, abuse or other child safety issues for a family to be able to access services such as free childcare. Our Network has identified the need for:

- More programs for generalised social and emotional health and a coping skills program for children and parents, particularly in rural and remote areas.
- Funding for autism support for rural and remote families.
- Further funding to domestic violence services, including those working with male perpetrators.

Collaboration and coordination

Collaboration and Coordination

We know there is continued room for better collaboration and coordination between services that support families and children. It is important that organisations within a community link or partner with one another, identify community needs, develop strong referral pathways and work together to coordinate holistic support and drive improved outcomes for families and children.

Proposed improvement:

- Bringing **FMHSS** (as a whole) to sit under the Families and Children Activity. Given the focus of FMHSS on early intervention support with a family and carer focus, there is a good synergy with other Families and Children programs.
- **Better integrate CaPS and BBF services** into the CfC FP program where suitable. Consultation will inform exactly what this might look like.

In our Network's experience, good service collaboration and co-ordination relies largely on relationships in the sector and knowledge of the services other providers deliver. The shift from submissions-based grants to a competitive purchaser-provider model of government funding has only served to reduce this activity, which is not in the interests of the Department, providers, or clients. Consideration should be given to incentivising this collaboration through specific funding.

Our Network will further consider the ramifications of both proposed improvements and we welcome further detail on what this might look like.

Capability and innovation

Capability and innovation

There are opportunities for capability building to better support service providers, particularly to enhance organisational capability in outcomes measurement and reporting.

Proposed improvement:

- Refocus existing **capability arrangements** to key areas, such as organisational support that encourages and champions evidence, outcomes measurement and reporting, evaluation and better targeting services to families experiencing vulnerability or families with multiple and complex needs.
- Enhance existing grant arrangements to **encourage innovation** that better contributes towards outcomes.

Any innovation activities must be specifically funded. Organisations are already operating in lean financial environments and are, where they can, trying to balance directing resources to outcomes as well as maximising service hours for clients. One option that could be explored is the use of flexible funding, as a remaining proportion after service delivery, to fund innovation. We suggest that this funding be five percent of contracts, with floor and ceiling limits appropriate for grants of varying amounts. This data should be publicly available.

Impacts of COVID-19 on families, children and young people

Impact of COVID-19 related government policies

The COVID-19 increase to the rate of JobSeeker made day-to-day living more viable for our clients. Our Network found that many parents receiving Coronavirus Supplement were using the funds on household goods, better quality food, public transport and vehicles, paying down debts, and health treatments such as counselling or assessments, and optometrists. Some clients used the money to save for rent in advance, although fewer clients were saving for the future than meeting pressing current needs. This is likely due to the fact that the supplement was only available for a limited amount of time.

Some people were not eligible for Government payments such as JobKeeper or JobSeeker, and lost employment or income and could not get financial support from their families. This is especially true for migrants and international students. Many were left with no ability to pay rent, purchase food and cover school fees. This was evident through the thousands of international students and people on other visa types seeking support through our Emergency Relief services. At the peak of food and toilet paper shortages, one 82 year old client reported driving to twelve different shops to try and find essentials. He had to purchase higher priced items as that was all that was available, which caused ongoing financial stress.

Mental health

During the COVID-19 lockdown periods, the Network observed an increase in mental health instability within at-risk families and a significant increase in anxiety, stress and mental health concerns of families across many service streams. Staff in suicide prevention services reported that suicide ideation of clients increased. As communities gradually come out of COVID restrictions, staff also noted increased anxiety to reconnect with their communities.

Stress and anxiety are well-known factors in family and domestic violence and the COVID-19 environment is no exception. Our Network has seen an increase in family and domestic violence and increased strain and stress on relationships, generating family conflict due to extended close proximity. We strongly believe this will be further increased as government income support payments are reduced.

Mental health issues also emerged during lockdown for carers and parents with small children. The availability of free childcare for a period was extremely helpful in alleviating some of these pressures.

Education

Carers and parents experienced the same pressures with regards to home schooling children as the wider community. However, these challenges were often amplified given that children in care and children who are at risk generally exhibit more challenging behaviours than the general population. Insufficient support was available for parents to cope with new demands of home schooling.

Our Network also observed:

- Reduced options for young people during the lockdown. For example, flexi school declined a school enrolment for one of our young client during COVID hard lockdown.
- Impacts stemming from reduced face-to-face classes in schools and university settings. This led to increased social isolation among young people who require regular routine and structure. This was particularly evident through care leavers programs.
- Access to both Wi-Fi and devices was challenging for some children and families who did not have the financial means to support this.
- With limited access to external services and sporting recreation, there was a deterioration in young people's wellbeing. For some young people, this led to a regression in their mental health. Usual social protective activities were not available, or not continued because of anxiety; family routines and systems were upset; and online bullying and loneliness has been apparent.
- Babies and young children with decreased socialisation. Some families remained in relative seclusion due to fear even after lockdown finished, and agencies observed 3-4 year old children entering school with limited social skills due to extended isolation.

Young people with trauma histories also felt stigmatised by being singled out to attend school when 'other students' could undertake online learning from home. Some young people chose to disengage and have subsequently not resumed their education. Other young people have recommenced education and are trying to catch up. Overall COVID-19 has influenced a downward trend in schooling attendance and our Network found it challenging to re-engage young people in their education.

Employment

Families we support who were not working before COVID feel further discouraged about their capacity to find work in the current climate. They realise that they will now be competing with people who may have more education, more access to resources (such as computer access, childcare), and are only newly unemployed. Of course, there was clear financial hardship for carers and parents who have lost work due to COVID-19.

Reduced support services

We have observed:

- Decreased access to external support services such as counselling, mental health services, psychologists, and others. In some instances these services were available via Skype, but some young people found these mediums to be cold and lacking personal connection.
- Cultural services supporting our young people's connection to community Elders were restricted.
- There were minimal visits or supports from Child Safety Officers or Community Visitors during COVID. This has not recommenced to any significant degree and is something our young people comment on.
- Respite care was reduced as households had to limit the number of people coming and going from their home.
- Some parents relapsed in relation to drug or alcohol abuse or experienced a decline in their

mental health due to services reducing support for several months. We continued to provide support but there were restrictions around face to face which meant we didn't really know what was going on.

- Many families decided not to bring children to appointments during this time.
- Referrals to Anglicare Australia member agencies for assistance were greatly decreased. For example there was a 40% decrease in April, May and June.
- Delivering services through virtual means was challenging for people with limited language or mental health issues. This was also a challenge if a risk had been identified within the family or client setting.

Housing

Housing availability has been reduced as state governments prioritise rough sleepers moving out of hotel accommodation as a direct result of the pandemic. Affordable private rental options have reduced, resulting from less movement within the rental market. Anecdotally we have heard stories of landlords pressuring vulnerable people "if they can't pay for their rent with money, what other service can they offer?". We have also seen overcrowding with many people living in one property to reduce rental costs. A sense of hopelessness was exacerbated, particularly for clients in emergency housing.

Conclusion

Anglicare Australia thanks the Department for the opportunity to make this submission. We hope this process will provide an opportunity for governments and agencies to learn from each other and work together to improve services to people who need them.

We would welcome the opportunity to discuss our input with the Department, or to elaborate on the issues we've raised.

ⁱ VanderWeele, T.J, (2017) [On the promotion of human flourishing](#). Proceedings of the National Academy of Sciences.

ⁱⁱ Saunders, P., Naidoo, Y. and Griffiths, M. (2007) [Towards New Indicators of Disadvantage: Deprivation and Social Exclusion in Australia](#). Sydney, Social Policy Research Centre, University of NSW.

ⁱⁱⁱ Anglicare Australia. (2009). [Submission to the Productivity Commission study of the Contribution of the Not for Profit sector](#); Anglicare Australia (2015) [Senate Community Affairs Committee Inquiry into the impact on service quality, efficiency and sustainability of recent Commonwealth community service tendering processes by the Department of Social Services](#).