REPORT TO
DEPARTMENT OF SOCIAL SERVICES
21 OCTOBER 2016

PART I: COMMUNITIES FOR CHILDREN FACILITATING PARTNERS PROGRAM

POST IMPLEMENTATION REVIEW

CONTENTS

EXECUTIVE SUMMARY I

GLOSSARY OF TERMS VII

1

BACKGROUND *1*
1.1 Communities for Children Facilitating Partners Program 1
1.2 Communities for Children Facilitating Partner Program - 2014 reforms 2
1.3 Post Implementation Review 3

2

METHODOLOGY *4*
2.1 Post Implementation Review methodology 4
2.2 Stage 1 – Initiation and scoping 4
2.3 Stage 2 – Stakeholder consultation 5
2.4 Stage 3 – Analysis 7

3

EVIDENCE–BASED PROGRAM REQUIREMENTS *9*
3.1 Introduction and background 9
3.2 Findings 11
3.3 Recommendations 26

4

CHANGING ROLE OF FACILITATING PARTNERS *28*
4.1 Introduction and background 28
4.2 Findings 29
4.3 Recommendations 37

5

COMPOSITION OF COMMUNITIES FOR CHILDREN FACILITATING PARTNERS COMMITTEES *38*
5.1 Introduction and background 38
5.2 Findings 39
5.3 Recommendations 45

6

SUPPORTING SCHOOL TRANSITIONS AND ENGAGEMENT *46*
6.1 Introduction and background 46
6.2 Findings 46
6.3 Recommendations 52

7

SUBCONTRACTING RED TAPE REDUCTION AND TRANSPARENCY *53*
7.1 Introduction and background 53
7.2 Findings 53

CONTENTS

7.3 Recommendations 57

8

DATA AND REPORTING *58*
8.1 Introduction and background 58
8.2 Findings 59
8.3 Recommendations 64

FIGURES

FIGURE 1.1 CFC FP SITES 2015-16 2
FIGURE 2.1 COMMUNITY PARTNERS SURVEY — RESPONDENT LOCATION 6
FIGURE 3.1 FACILITATING PARTNER AND COMMUNITY PARTNER SURVEY — SUPPORT FOR EVIDENCE-BASED REQUIREMENTS 15
FIGURE 3.2 FACILITATING PARTNERS SURVEY — MEETING THE EVIDENCE-BASED REQUIREMENT 17
FIGURE 3.3 COMMUNITY PARTNERS SURVEY — EFFECT OF EVIDENCE-BASED* REQUIREMENTS IN PROGRAM DELIVERY 18
FIGURE 3.4 FACILITATING PARTNERS SURVEY — EVIDENCE-BASED CRITERIA AND ASSESSMENT PROCESS 19
FIGURE 3.5 FACILITATING PARTNERS SURVEY — SUPPORT RECEIVED IN RELATION TO IMPLEMENTING EVIDENCE BASED PROGRAMS 20
FIGURE 3.6 COMMUNITY PARTNERS SURVEY — SUPPORT RECEIVED IN RELATION TO IMPLEMENTING EVIDENCE BASED PROGRAMS 21
FIGURE 3.7 COMMUNITY PARTNERS SURVEY — SUPPORT ACCESSED FROM FACILITATING PARTNERS IN PAST YEAR 22
FIGURE 3.8 FACILITATING AND COMMUNITY PARTNERS SURVEY — SERVICES PURCHASED FROM FAMILIES AND CHILDREN INDUSTRY LIST IN PAST YEAR 23
FIGURE 3.9 COMMUNITY PARTNERS SURVEY — CHANGES MADE TO MAKE EVIDENCE-BASED PROGRAMS MORE RELEVANT TO COMMUNITY 25
FIGURE 4.1 FACILITATING PARTNER SUPPORT FOR THE REQUIREMENT TO PLAY A STRATEGIC ROLE ONLY 29
FIGURE 4.2 FACILITATING AND COMMUNITY PARTNERS SURVEY — SECTOR LINKAGES 31
FIGURE 4.3 COMMUNITY PARTNERS SURVEY — OVERALL IMPRESSIONS 32
FIGURE 4.4 FACILITATING PARTNERS SURVEY — SUPPORT PROVIDED TO COMMUNITY PARTNERS 33
FIGURE 4.5 FACILITATING PARTNERS SURVEY — AREAS OF EMPHASIS SINCE REFORMS 35
FIGURE 5.1 FACILITATING PARTNERS SURVEY — COMPOSITION OF CFC COMMITTEES 40
FIGURE 5.2 FACILITATING PARTNERS SURVEY — PERCEPTIONS ON THE OPERATION OF CFC COMMITTEES 43
FIGURE 5.3 COMMUNITY PARTNERS SURVEY — PERCEPTIONS ON THE OPERATION OF CFC COMMITTEES 44
FIGURE 6.1 FACILITATING AND COMMUNITY PARTNERS SURVEY — SCHOOL TRANSITION AND ENGAGEMENT 51
FIGURE 7.1 FACILITATING PARTNERS SURVEY - SUPPORT FOR THE REQUIREMENT 54
FIGURE 7.2 COMMUNITY PARTNERS SURVEY — COMPARISON OF CURRENT CONTRACTS TO PRE-2015 CONTRACTS 55
FIGURE 8.1 FACILITATING AND COMMUNITY PARTNERS SURVEY — SUPPORT FOR DEX IMPLEMENTATION 60
FIGURE 8.2 FACILITATING AND COMMUNITY PARTNERS SURVEY — EFFECT OF TRANSITION TO DEX 62

TABLES

TABLE 2.1 FACILITATING PARTNERS SURVEY — RESPONDENT LOCATION 5
TABLE 2.2 SUMMARY OF NUMBER OF STAKEHOLDERS CONSULTED 7

BOXES

BOX 3.1 CFCA CRITERIA FOR THE INCLUSION OF PROGRAMS IN THE GUIDEBOOK 10
BOX 3.2 CFCA CRITERIA FOR MINIMUM STANDARDS OF A QUALITY PROGRAM *(ALTERNATE PROGRAM)* TO GAIN FULL APPROVAL 11

EXECUTIVE SUMMARY

This report presents the findings of the Post Implementation Review (PIR or review) of a number of reforms that were introduced to the Communities for Children Facilitating Partner (CfC FP) Program in 2014. ACIL Allen Consulting was engaged by the Department of Social Services (DSS or the Department) to undertake the PIR.

The PIR commenced in May 2016. Between May and August 2016, ACIL Allen engaged with over 200 stakeholders including Facilitating Partners, Community Partners, local CfC FP Committee members and other local service providers through face to face interviews, telephone interviews, five site visits, and separate surveys for Facilitating Partners and Community Partners.

In August 2016, interim findings were presented to the Department outlining early patterns emerging from the consultations. This report builds on that earlier work to present project findings and recommendations for consideration.

The Communities for Children Facilitating Partners (CfC FP) Program

In 2014, the Department streamlined its grants programs based on common social policy functions. One of these programs was the Families and Communities Program. The Families and Children Activity is delivered under this program and includes the CfC FP Sub-Activity.

The objectives of the CfC FPs are:

- to improve the health and well-being of families and the development of young children, from before birth through to age 12 years, paying special attention to:
  - Healthy young families — supporting parents to care for their children before and after birth and throughout the early years
  - Supporting families and parents — support for parents to provide children with secure attachment, consistent discipline and quality environments that are stable, positive, stimulating, safe and secure
  - Early learning — provide access to high quality early learning opportunities in the years before school; provide early identification and support for children at risk of developmental and behavioural problems; assist parents with ways they can stimulate and promote child development and learning from birth
  - School transition and engagement - support children and families to make a smooth transition to school and work with local schools to assist children and families with their ongoing engagement with school.
- to create strong child-friendly communities that understand the importance of children and apply this capacity to maximise the health, well-being and early development of young children at the local level.

— to create strong child-friendly communities that understand the importance of children and apply this capacity to maximise the health, well-being and early development of young children at the local level.

Key features of the CfC FP model include: funding non-government organisations known as Facilitating Partners to develop local networks, engage with communities to plan and design services, and work with to build the capacity of other providers for high quality service provision. Facilitating Partners subcontract to Community Partners to provide services including parenting support, group peer support, home visiting and other services aimed at promoting child wellbeing. Facilitating Partners have in place a committee of local community representatives as the key advisory body in identifying resources, needs and service gaps.

The CfC FP Program is currently being delivered in 52 service delivery areas in Australia and is funded approximately $260 million from 2014-15 to 2018-19.

2014 reforms to the CfC FP Program

Commencing 1 July 2014, a number of changes were made to the CfC FP Program. These included:

— the requirement that at least 30 per cent of CfC FP funding allocated to direct service delivery be of evidence-based programs by 1 July 2016 with this requirement to increase to 50 per cent from 1 July 2017

— the requirement that Facilitating Partners are to play a facilitation and strategic role instead of direct service delivery and to sub-contract all direct service delivery to Community Partners except if suitable Community Partners are not available

— the requirement that CfC Committees have a broad and diverse membership, including clients, parents, caregivers, local business and a wide range of local service providers

— inclusion of an additional objective of supporting school transition and engagement as part of the CfC FP

— an increased focus on sub-contracting of Community Partners, including red-tape reduction and transparency in decisions about commissioning services

Simultaneously, as part of broader DSS grant reforms, a new approach to program data and reporting, known as the Data Exchange (DEX), was introduced for the majority of DSS grant programs, including for the CfC FP program.

The data requirements are divided into two parts: a small set of priority requirements that all service providers must report, and a voluntary extended data set that providers can choose to share with the Department known as the Partnership Approach. Participation in the Partnership Approach is entirely voluntary and in return for their efforts, partnership approach contributors will have access to multiple self-service reports that include data sourced from other government data sets.

Key review findings

Key findings and recommendations that relate to each of the CfC FP Program reform elements are provided below.

Evidence-based program requirements

The setting of targets and creation of supporting infrastructure to deliver evidence-based services was intended to improve outcomes for children and families through the increased adoption of evidence-based programs.

Child Family Community Australia (CFCA) provides ongoing guidance to CfC FPs about which programs can be included in the evidence-based program requirement. CfC FPs can meet the requirement by choosing to implement a program from the Guidebook created by CFCA that includes rigorously evaluated programs. Alternatively, CfC FPs can submit alternative programs to CFCA to assess whether they meet minimum standards of a quality program and can be included in the 30 per cent requirement.

Overall the requirement to use evidence-based programs is supported by Facilitating Partners, Community Partners and other stakeholders. The majority of CfC FP sites indicated they have met the 30 per cent evidence-based requirement.

Most Facilitating Partners indicated that they were positive about meeting the 50 per cent target. However a minority (36%) are unsure or do not think that they will meet the 50 per cent target by June 2017. In addition, most Facilitating Partners did not support the timeframe for meeting the 50 per cent target.

Factors raised by stakeholders that explain the tapering capacity include:

— the perceived intensity and level of work required by providers to prepare and submit alternative programs for approval as evidence-based by CFCA

— difficulty obtaining the training from program developers required to access the approved evidence-based programs from the Guidebook

— limited selection of evidence-based programs in the Guidebook that match community needs. There are currently 32 programs

— the capacity of smaller organisations and services, particularly in remote locations, to deliver evidence-based programs.

Those stakeholders interviewed indicated that, consequently, evidence-based programs might be selected by Facilitating Partners and Community Partners to meet the target rather than meeting the identified needs of the community. This is contrary to the place-based underpinnings of the CfC FP Program and could result in ineffective resource use and lessening confidence in the Program.

Implementing the evidence-based requirements in regional and remote communities was difficult. Identified issues included the impact of transient populations, workforce skill shortages, higher costs of professional support and servicing communities with specific cultural needs as contributing factors.

Meeting the targets has required significant effort, energy and ingenuity from Facilitating Partners with providers reporting some challenges in regard to choosing and implementing Guidebook programs and assessment of alternative programs. There has been different levels of use of formal support mechanisms such as CFCA and the Industry List. Informal networks between Facilitating Partners have developed to problem solve and share experiences.

Key recommendations for consideration

A synthesis of the key recommendations identified by this project include:

— Actively and systematically engaging Facilitating Partners in the development of the evidence-based requirement. Proposed mechanisms include a specific communication strategy to support engagement of Facilitating Partners in the continued implementation of evidence based programs.

— Reviewing the strategy for providing expert support to the CfC FP sites including barriers to access

— Promoting program fidelity in the delivery of evidence-based programs

— Improving support to regional and remote communities including flexibility in regards to current evaluation requirements and an assessment of workforce capacity in individual sites, noting a separate Families and Children Expert Panel Regional and Remote project is underway.

Changing role of Facilitating Partners

Facilitating Partners are instrumental to the success of the CFC FP Program. They have a distinctive funded role in facilitating linkages, networks and capacity across the broad service system in their local community in addition to the contracting of direct service delivery.

Most Facilitating Partners have transitioned to a non-service delivery role only. This transition minimises the risk of conflicts of interest in the selection of programs for funding and enables Facilitating Partners to focus on their strategic and facilitative role which includes:

— Encouraging Community Partners to collaborate through joint planning, sharing of information, advice and expertise and through referring clients to each other's services as appropriate

— Building strong links and establishing working relationships with state and territory government funded services and other Commonwealth funded services
— Linking universal services with specialist support services and adult secondary services to ensure vulnerable children who are identified as being at high risk receive appropriate referral
— Building collaborative relationships with adult focused services, to help these services to support their adult clients to meet the needs of their children.

CfC FPs operate in diverse communities and locations. Facilitating Partners use different approaches to meet the needs of their community and have different capabilities. They have been focused on areas that support the implementation of the 2014 reforms such as support for developing evidence-based programs and the transition to new reporting arrangements. There is also a significant emphasis on activities that support their strategic and facilitation role and it would be expected that this focus would grow as the 2014 reforms are bedded down.

Key recommendations for consideration

A synthesis of the key recommendations identified by this project include:

— Refining and growing the capability of Facilitating Partners including through clear definition of the skills and experience required for the role and a training and support strategy
— Developing collaborative relationships between Facilitating Partners through a formal forum that would provide advice to the Department and be a structured pathway for leveraging program development and practice across sites.

Composition of CfC FP Committees

The CfC FP Committees are the mechanism for community consultation and service coordination and by necessity and design there is variability between the different CfC FP Committees. They are largely considered as an effective arrangement for local decision making around community services.

Engaging parents and caregivers, particularly those who may be the target of CfC FP services in committees, is important to the development and implementation of services that meet the needs of clients and the community. There are examples of effective engagement, however there are practical barriers that are often difficult to mitigate, resulting in less than optimal uptake and effectiveness of engaging parents and caregivers.

Similarly, while there are examples of the benefits of engagement, local business is not as well represented on the Committees as other stakeholders.

Key recommendations for consideration

A synthesis of the key recommendations identified include:

— Providing support to Facilitating Partners related to governance to ensure basic minimum standards are in place across CfC FP sites
— Developing strategies to support Facilitating Partners to improve engagement of parents, caregivers and businesses. This would include sharing learnings, best practice and developing innovative approaches, using the proposed national forum and communication strategies.

Supporting school transition and engagement

The 2014 reforms formalised support for school transition and engagement as an objective of the CfC FP program. It had historically been a strong focus of the CfC FP Program. Most Community Partners are providing services in this area and both Facilitating Partners and Community Partners having strong relationships with schools.

In communities there is an identified lack of programs to assist the transition from primary to high school. It is noted that services in this area are provided through a range of Commonwealth and state and territory government funded programs – not solely the CfC FP Program. However, there are risks that the gains made by interventions in the early years may be lost if this transition point is not addressed.

There were also an identified lack of programs for parents and children from diverse communities. Working in diverse communities including Aboriginal and Torres Strait Islander and culturally and linguistically diverse communities requires a range of skills and expertise. Some of these groups, particularly humanitarian entrants, face substantial challenges, including the experience of significant trauma. The demographic of local areas can change quite rapidly and new skills are required to respond effectively to new communities coming into a local area.

Key recommendations for consideration

A synthesis of the key recommendations identified include:

- Improved engagement with state education departments to ensure that the CfC FP complements but does not duplicate efforts
- Increase the focus on the transition to high school within the Program, noting the program services 0-12 year olds
- Growing the capability of CfC FPs to work with diverse communities including sharing of best practice through networks and forums and facilitating access to loss and trauma training.

Subcontracting, red tape reduction and transparency

A strong focus of the 2014 reforms was to reduce regulatory burden and red tape for Facilitating Partners as part of broader Departmental reforms to programs including the consolidation of relevant DSS programs, streamlining performance reporting through DEX and simplifying financial acquittal processes. It was intended that this would flow through to the sub-contracting arrangements for Community Partners. However, it was unable to be determined from the review whether there has been a reduction in red tape, including whether sub-contracting arrangements have improved.

There is a reported increase in transparency in CfC FP sites around sub-contracting decision making, which was the intention of shifting Facilitating Partners from direct service delivery.

Key recommendations for consideration

A synthesis of the key recommendations identified by this project to drive efficiencies within the CfC FP Program (in the context of broader Department directions) include:

- Facilitating best practice contract management training for Facilitating Partners including developing standard contracts
- Regular communication about best practice and expected standards of sub-contracting decision making.

Data and reporting

Generally the transition to the DEX platform has been difficult for both Facilitating Partners and Community Partners. A recurrent issue raised throughout the review was the inability of Facilitating Partners to have automated access their Community Partners data through DEX about service provision in their site – creating inefficiencies and diminishing Facilitating Partner accountability and effectiveness. Almost half of respondent Facilitating Partners enter data on behalf of their Community Partners to try to get around this issue. However, there is significant anticipation for receiving the CfC FP program specific reports to inform service delivery and development.

The CfC FP Program is distinctive in specifically funding service facilitation separately to service delivery. The Department has recently implemented a process for Facilitating Partners to report on their activities under DEX, however, this reporting is relatively limited in scope. Similarly, the new reporting arrangements have resulted in a loss of capacity for Facilitating Partners and Community Partners to provide qualitative data. The capacity to provide qualitative data was considered important by stakeholders to provide a richer understanding of the Facilitating Partner role.

Key recommendations for consideration

A synthesis of the key recommendations identified by this project include

— Finalising and implementing the DEX CfC FP program specific report which will inform service delivery and development

— Developing the capacity for CfC FP sites to provide qualitative data

— Improving training and support on DEX for CfC FP sites including through targeted training and support for smaller organisations.

Key conclusions

Overall, good progress has been made in implementing the reforms. Facilitating Partners and Community Partners have worked hard and in good faith to implement the reforms. There is a general understanding by these stakeholders that the results from the reforms will start to manifest in the near future and will improve services for families and children.

However, as would be expected, some policy and program issues have arisen through implementation for each of the reform elements. The themes and issues raised through the different consultation methods (interviews and surveys) were generally consistent across stakeholder groups. The sites visited as part of the consultation, highlighted differences in approach to the implementation of the CfC FP Program and the reforms, reflecting local circumstances and capability.

A number of recommendations have been proposed to support effective ongoing implementation of the reforms. Some of these are general in nature and support a range of specific reform elements, for example a communication strategy and national forum to engage Facilitating Partners. An assessment of the recommendations will be required regarding the priority, timing and resourcing which is outside the scope of this project.

However, we consider the evidence-based program and reporting reforms are areas that require particular attention. A strong focus at policy, program and service delivery levels will need to continue beyond June 2017 to ensure that the evidence-based program requirement continues to be appropriate, sustainable and contributes to meeting the overall objectives of the CfC FP Program. Similarly, a strong focus is needed to ensure fit-for-purpose reporting to provide both the Department and CfC FPs with needed metrics for accountability, service delivery and development purposes. This will assist in ensuring that the Department's investment in the CfC FP Program continues to contribute to improve outcomes for children and families in disadvantaged communities.

GLOSSARY OF TERMS

Abbreviation / Terminology	Meaning
AWP	Activity Work Plan. This is the document that details the activities that will be implemented in the CfC FP site. The activities in the Activity Work Plan are expected to support the long-term goals identified in the Community Strategic Plan.
Communities for Children Committee	A committee is established in each site and chaired by the CFC FP. Committee membership includes a range of community representatives, including clients, parents and caregivers, local businesses and service providers. The Communities for Children Committee (the Committee) drives the direction of the CfC FP initiative in the site and is the key decision-making mechanism for the site.
Community Strategic Plan	This is the strategic document that sets out the long-term goals for the community over the life of the grant agreement.
CfC FP Program	Communities for Children Facilitating Partner Program
CP	Community Partner. An organisation sub-contracted by the Facilitating Partner to deliver direct service delivery activities that meet the outcomes identified in the Community Strategic Plan. A Facilitating Partner cannot be a Community Partner, except in special circumstances.
CFCA	Child Family Community Australia information exchange
CSP	Community Strategic Plan
DEX	DSS Data Exchange
DSS	Department of Social Services
Expert Panel	The Family and Children (FaC) Expert Panel was established via a tender process in late-2014. It comprises research, practice and evaluation experts from a range of service delivery, research, training, academic and service support backgrounds. The Expert Panel is accessible to DSS as a resource to support FaC service providers, and provides access to tools and expertise to assist them to deliver high quality services. The members of the Expert Panel are available to FaC service providers via an “Industry List” (see below).
FaC	Families and Children Activity

FaC Industry List	The Industry List are Expert Panel members that are available for FaC providers to use their existing funding to purchase assistance to plan, implement and evaluate programs.
FP	Facilitating Partner. The non-government organisation with whom the Australian Government enters into a grant agreement to manage and facilitate the Communities for Children initiative for the site. The Facilitating Partner is responsible for overall facilitation and management of the CFC FP initiative within the site.
Full approval	Programs submitted by CfC FPs and CPs that have been assessed as meeting minimum standards of a quality program and can be included as part of the CfC FP evidence-based program targets.
Guidebook programs	A list of off-the-shelf evidence-based programs which have been assessed by CFCA as having a relatively rigorous evidence base and can be included in CfC FPs evidence-based program targets.
PIR	Post Implementation Review
Program fidelity	Delivering a program in the way it was intended to be delivered. For example – keeping to the required number and length of sessions (dosage), required roles and qualifications of staff.
Provisional approval	Programs that do not yet meet the CFCA minimum standard for full approval, but may have the potential to meet this standard with more time.
Site	This is the geographic area for which Facilitating Partners and Community Partners are contracted to deliver CfC FP services. This is also referred to as a "service delivery area".

1 BACKGROUND

1.1 Communities for Children Facilitating Partners Program

The Communities for Children Facilitating Partners (CfC FP) Program is a Sub-Activity of the Families and Children Activity of the Families and Communities Program funded by the Australian Department of Social Services (DSS). The CfC FP aims to deliver positive and sustainable outcomes for children and families in disadvantaged communities throughout Australia, through a place-based whole of community approach designed to support and enhance childhood development and wellbeing for children from 0 to 12 years of age.

CfC FPs build on local strengths to meet local community needs and create capability within local service systems, using strong evidence of what works in early intervention and prevention. They collaborate with other organisations to provide a holistic service system for children and families. As part of this role, CfC FPs fund other organisations to provide services including parenting support, group peer support, case management, home visiting services and other supports to promote child wellbeing.

CfC FPs have strong governance arrangements in place. CfC FPs establish and maintain CfC Committees which assist the CfC FP to plan, guide and support the activity. The CfC Committees are representative of their local communities and include clients, parents and caregivers, and local businesses, as well as local service providers. Community Partners should also inform the identification of community needs and the planning of services.

The CfC FP Program was originally established in 2004 as part of the Stronger Families and Communities Strategy (2004 – 2008), which funded Facilitating Partners (FPs) to provide a coordination and service brokerage function in 35 different service delivery areas across Australia. In 2009, as part of broader Australian Government reforms to children, families and communities grant programs, the CfC FP Program was integrated into a new Family Support Program, administered by DSS (then known as the Department of Families, Housing Community Services and Indigenous Affairs). The integration saw the target group of the CfC FP Program broadened to include 0 to 12 years (from 0 to 5 years) and the focus of CfC FPs to be on vulnerable and disadvantaged families.

The CfC FP underwent another series of changes commencing 1 July 2014, following an evaluation. The scope of these changes (herein referred to as the '2014 reforms') is outlined in 1.2 of this Chapter.

Key features of the CfC FP model include:

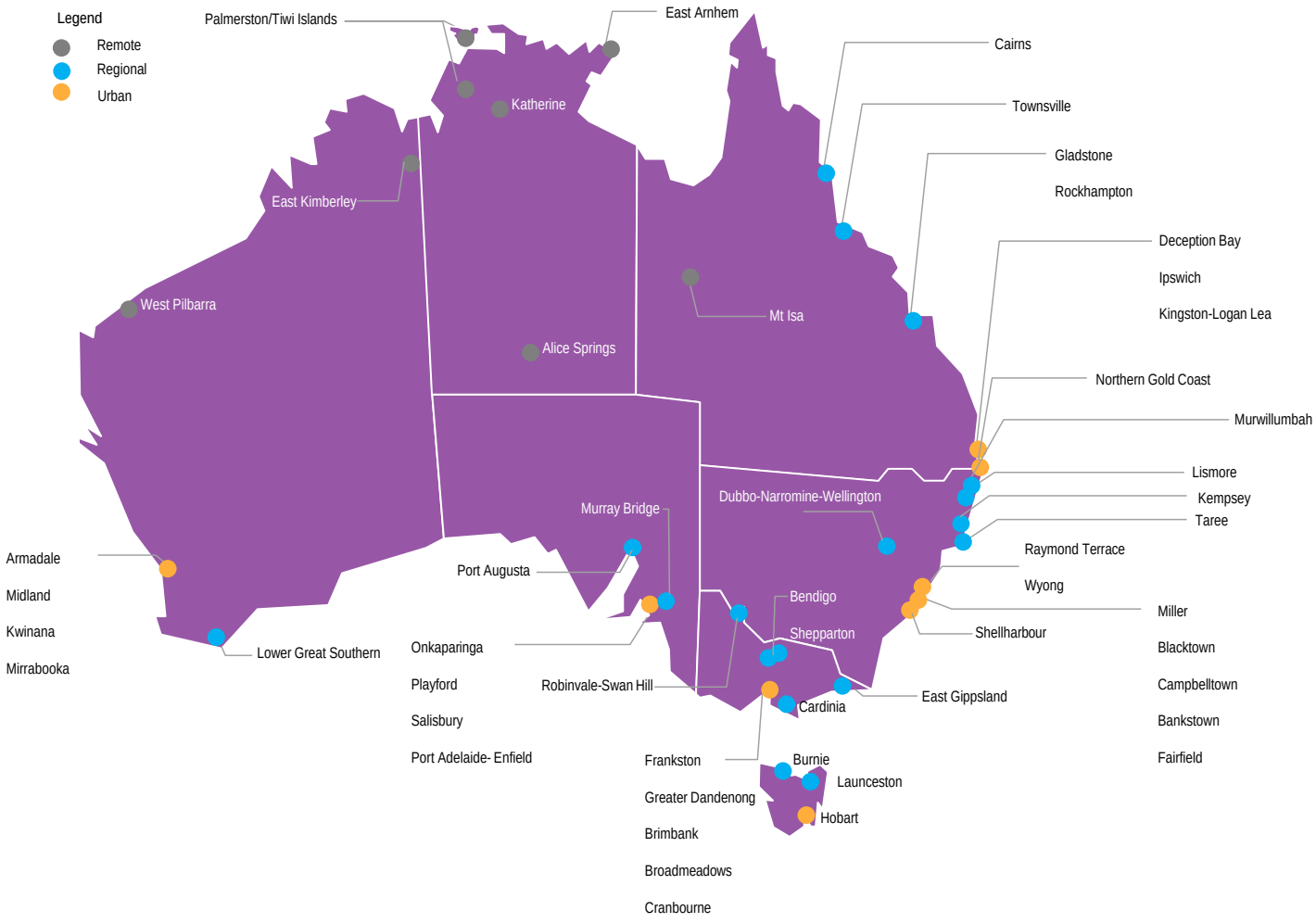
— funding non-government organisations known as Facilitating Partners to develop local networks, engage with communities to plan and design services, and work with other service providers to build capacity

— Facilitating Partners subcontracting to Community Partners (CPs) to provide services including parenting support, group peer support, home visiting and other services aimed at promoting child wellbeing

— having in place a committee of local community representatives as the key advisory body in identifying resources, needs and service gaps.

The CfC FP is currently being delivered in 52 service delivery areas in Australia and attracts funding of approximately $50 million per annum. Sites were selected/added overtime, primarily based on indicators of disadvantage and high populations of children. Figure 1.1 depicts the geographic distribution of the CfC FP service delivery areas (sites) across Australia.

FIGURE 1.1 CFC FP SITES 2015-16



SOURCE: ACIL ALLEN 2016;VARIOUS SOURCES

1.2 Communities for Children Facilitating Partner Program - 2014 reforms

Commencing 1 July 2014, a number of changes were made to the CfC FP Program and as well as an increased focus on some of the original elements of the program. These changes included:

— the requirement that at least 30 per cent of CfC FP funding allocated to direct service delivery be directed to the funding of evidence-based programs by 1 July 2016[1] with this requirement to increase to 50 per cent from 1 July 2017

[1] This was originally 30 June 2015. However CfC FP providers could submit a plan for meeting the five criteria for assessment of an alternate program and had to 30 June 2016 to gain full assessment.

- the requirement that Facilitating Partners are to play a facilitation and strategic role only and are to sub-contract all direct service delivery to Community Partners except if suitable Community Partners are not available. If an appropriate Community Partner is not available in the community, the CfC FP may deliver services but are expected to work with local community organisations to build their capacity to deliver the necessary services in the future
- the requirement that CfC Committees have a broad and diverse membership, including parents, clients, local business and a wide range of local service providers
- inclusion of an additional objective of supporting school transition and engagement as part of the CfC FP Program
- an increased focus on sub-contracting arrangements, including red-tape reduction and transparency.

Simultaneously, as part of broader DSS grant reforms, DSS introduced a new approach to program data and reporting for the majority of DSS funded programs, including for the CfC FP program. Under this new approach, known as 'Data Exchange' (DEX), mandatory reporting was standardised to a core set of priority requirements, to be reported every six months through the DSS web-based portal (service providers can enter data at any time during the reporting period).

Service providers also have the option to participate in the 'Partnership Approach', which would allow them to submit extended datasets on client needs and client outcomes. In exchange, DSS would provide reports on client outcomes based on matched data from other DSS programs, other service providers as well as data from follow up client surveys.

1.3 Post Implementation Review

ACIL Allen Consulting (ACIL Allen) was engaged in March 2016 by DSS to undertake a Post Implementation Review (PIR) of CfC FP Program to:

- identify progress made in implementing the 2014 reforms to CfC FPs
- report on the experience of Facilitating Partners and Community Partners in transitioning to a new reporting regime under the DSS Data Exchange (or DEX) also introduced as part of the DSS "New Way of Working" and provide recommendations on improvements to ensure its timely and effective use
- identify unintended negative or positive consequences of implementing the 2014 reforms
- provide recommendations to address the difficulties or challenges being encountered in implementing the 2014 reforms.

The PIR Report, is structured to provide insights into the different aspects of the reform. As such the structure of the report is as follows:

- Chapter 2 – Methodology
- Chapter 3 – Evidence-based program requirements
- Chapter 4 – Changing role of Facilitating Partners
- Chapter 5 – Composition of Communities for Children Committees
- Chapter 6 – Objective of supporting school transition and engagement
- Chapter 7 – Subcontracting, reduction and transparency
- Chapter 8 – Data and Reporting.

2 METHODOLOGY

This chapter overviews the methodology for the Post Implementation Review.

2.1 Post Implementation Review methodology

The CfC FP PIR was undertaken in four stages:

1. Initiation and scoping
2. Stakeholder consultation
3. Analysis including a workshop with DSS and key stakeholders
4. Final reporting and project conclusion.

Each of these four stages is described in detail in the following sections.

2.2 Stage 1 – Initiation and scoping

This stage included an initial meeting with DSS program managers and ACIL Allen representatives, an initial document review by ACIL Allen and a series of interviews with key informants. Key outcomes from this stage were:

- agreed scope of the PIR and evaluation framework
- agreed key research questions for undertaking the PIR.

2.2.1 Initial document review

The project team reviewed a range of program documentation including:

- CfC FP Community Strategic Plans and Activity Work Plans[2]
- program design documents
- program financial information
- operational guidelines.

Information gathered from internal documents was also supplemented by open-source literature. The initial document review enabled the formulation of a more detailed PIR framework detailing research questions, likely sources of information and proposed data collection methods. The review framework and survey questionnaires are presented in the Appendices.

[2] Due to confidentiality and privacy, ACIL Allen was only granted access to CSP and AWP for five sites visited for consultation.

Key informants were interviewed to gather an initial perspective on the reform. Their insights were also used to refine and focus areas for review. Key informants were individuals who were close to the design or implementation of the 2014 reforms and were chosen in consultation with DSS. The key informants included:

- DSS central office policy and program managers
- a DEX program manager
- DSS State and Territory personnel, including Grant Agreement Managers (GAMs) from all CfC FP jurisdictions
- Australian Institute of Family Studies representative
- a national manager of a non-profit organisation with responsibility for delivering CfC FP in a number of locations.

2.3 Stage 2 – Stakeholder consultation

In addition to the key informant interviews, ACIL Allen consulted with CfC FP frontline services and related stakeholders through:

- separate surveys to all Facilitating Partners and Community Partners
- five site visits to interview stakeholders including Facilitating Partners, Community Partners, local CfC FP Committee members and other local service providers.

2.3.1 Surveys

Two anonymous web-based surveys were developed and distributed to all Facilitating Partners and Community Partners. Survey questions were based on the agreed research questions and were in field from Tuesday 31 May 2016 to Friday 17 June 2016.

The Facilitating Partner survey was distributed by the Department. Facilitating Partners were responsible for distributing the survey to the Community Partners in their CfC FP site. The surveys were designed to gather perceptions of respondents towards different aspects of the reform through a combination of Likert Scale, multiple choice and free text questions.

The surveys were user-tested with key informants for content appropriateness and technical issues prior to broader circulation. Paper-based surveys were also provided to ensure that stakeholders who did not have internet access could participate.

Data for both Facilitating Partner and Community Partner surveys were analysed through Microsoft Excel. A breakdown of responses by jurisdiction is provided below.

Facilitating Partners survey

49 Facilitating Partners provided a response to the online survey (see Table 2.1).

TABLE 2.1 FACILITATING PARTNERS SURVEY — RESPONDENT LOCATION

State/Territory	Number of CfC FP sites	Number of survey respondents
ACT/NSW	13	9
Victoria	10	10
Queensland*	9	12
Western Australia	7	7
South Australia	6	5
Northern Territory	4	3
Tasmania	3	3
TOTAL	52	49

Community Partners survey

A total of 121 of the approximate 200 Community Partners responded to the online survey. Overall, the distribution of Community Partner responses across the states and territories was proportionate to the number of CfC FP sites in each jurisdiction. However we note that each CfC FP site may have not have the same number of Community Partners.

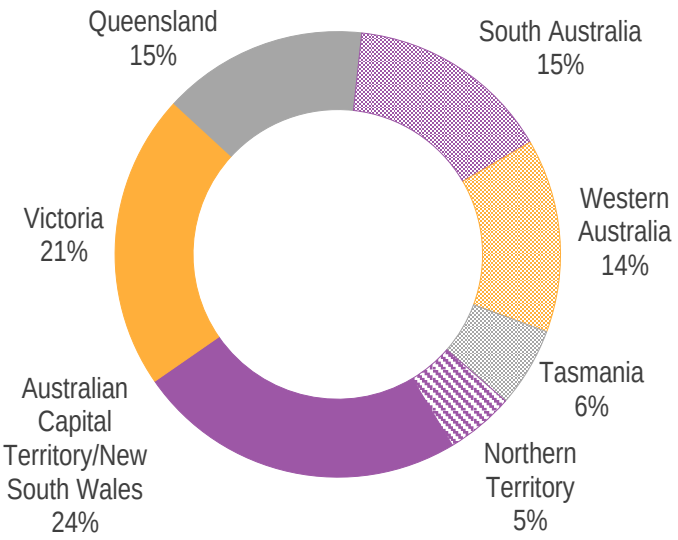
More than half (56 per cent) of respondent Community Partners reported that they employ 2-5 individuals to deliver CfC FP services in their service delivery area. A bit less than a third of respondent CPs (28 per cent) employ just one individual for the CfC FP Program

When asked about the other services they may deliver (through other funding sources), half of respondent CPs provide education services *in addition* to CfC FP Program services. A bit less than a third (27 per cent) provide mental health services, noting multiple responses were allowed.

The top-five services delivered by the respondent CPs under the CfC FP Program (noting that multiple responses were allowed) are:

1. Community capacity building (49 per cent of respondents)
2. Parenting courses (41 per cent)
3. Family capacity building (34 per cent)
4. Playgroup (33 per cent)
5. Community events (32 per cent).

FIGURE 2.1 COMMUNITY PARTNERS SURVEY — RESPONDENT LOCATION



SOURCE: ACIL ALLEN CONSULTING; N=121; MAY NOT SUM UP TO 100 DUE TO ROUNDING

2.3.2 Site visits

Face to face consultations were undertaken in five CfC FP sites and comprised a selection of regional, remote and urban locations in different jurisdictions including Victoria, New South Wales, Queensland and Western Australia.

The selection of stakeholders to be interviewed in site visits was determined in consultation with the Facilitating Partner from that site. These stakeholders were engaged through semi-structured, one-on-one and group interviews. Discussion guides for each category of stakeholder were prepared and provided to the interviewees beforehand.

A breakdown of interview consultations is provided in Table 2.2.

TABLE 2.2 SUMMARY OF NUMBER OF STAKEHOLDERS CONSULTED

STAKEHOLDER	Site 1*	Site 2	Site 3	Site 4	Site 5	Key informant	Total
Facilitating Partner	4	3	2	3	1	1	14
Community Partner	2	4	8	7	4		25
Committee Members							
Community groups			1				1
Education department		2					2
External evaluator			1		1		2
Health service		1					1
Local Government		1					1
Non-CP/FP services	4	3	6	1			14
Business owner				1			1
Parent/Caregiver					1		1
School representative			1		2		3
Social worker		1					2
State/Territory program					1		1
Other stakeholders (non-Committee members)							
School representative			1				1
State/Territory program			1				1
Health service			1				1
Australian Government							
DSS Central Office						5	5
DSS State and Territory						19	19
AIFS						1	1
Total	10	15	22	12	10	27	**n=96

* Several stakeholders were not available for interview but provided written feedback

**Represents total number of people who participated in interviews

SOURCE: ACIL ALLEN 2016

2.4 Stage 3 – Analysis

The PIR report is based on analysis of:

- program documentation
- quantitative and qualitative data gathered from the consultation process including:
  - interview notes and transcripts
  - survey free text responses
  - Quantitative multiple choice and Likert scale survey responses.

Verbatim responses to open-ended questions to the surveys and from the interviews have been included in the report.

2.4.1 Stakeholder consultations

Transcripts and notes from stakeholder consultations were imported into NVivo to structure raw inputs into analysable concepts and themes. Input from key informant interviews and site visits was organised by:

- different reform elements (e.g. responses/questions that related to evidence-based requirements would be organised under the “Evidence-based requirements”)
- positive or negative perceptions
- interviewee attributes (for example, whether the input was from a Grant Agreement Manager, Facilitating Partner, Community Partner, or Committee member, or which site this input came from).

3 EVIDENCE–BASED PROGRAM REQUIREMENTS

This chapter examines progress in implementing the 2014 reforms evidence-based program requirement through an analysis of key findings from stakeholder consultations and surveys.

3.1 Introduction and background

The 2014 reforms require CfC FPs to:

- allocate at least 30 per cent of service delivery funding towards the delivery of evidenced-based programs by 1 July 2016
- increase this target and allocate at least 50 per cent of service delivery funding towards the delivery of evidence-based programs by July 2017.

The definition of 'evidence-based programs' was determined by Child Family Community Australia (CFCA). The criteria were adapted from similar initiatives that sought to identify and create a database of evidence-based programs, but with regard to the objectives of the CfC FP sub-activity.

3.1.1 Targets for the allocation of evidence-based programs

The introduction of targets for the delivery of evidence based programs responded to a need to ensure that evidence-based practice and programs are being used. While use of evidence-based programs had been a condition of CfC FP funding agreements since 2009, there was minimal guidance on what was meant by evidence-based practice or programs and there was considerable flexibility in what activities CfC FP sites could fund.

As a result of the 2014 reforms, the use of evidence-based programs was more clearly defined in the CfC FP model, and specifically, a particular portion of CfC FP funding be dedicated to the provision of evidence-based programs. What constitutes 'evidence-based' was determined by CFCA and has been approached in two ways: CfC FPs can choose from a list of evidence-based programs (otherwise known as the Guidebook) or ask CFCA information exchange researchers to assess an alternative program they may be delivering. Each option has its own set of criteria, which are detailed in the boxes below.Under this model the Facilitating Partners would retain responsibility for identifying community needs and a proportion of service delivery funding would still be available for innovative and soft-entry style programs (70 per cent and then 50 per cent from July 2017).

Early in the process of program assessment by the CFCA information exchange, there was an acknowledgement that CfC FPs were delivering many valuable programs that could meet the criteria for full assessment with some additional time and assistance. As a result a new rating of provisional approval was introduced into the assessment procedure for the 30 per cent process. CfC FP providers were required to submit a plan for meeting the five criteria for this program, in order to gain full assessment by 30 June 2016. In regards to the evaluation criteria, there was a recognition that a more

rigorous evaluation methodology may take longer to implement, in which case the evaluation must be in the field by 30 June 2016 and due for completion before 30 June 2017.

3.1.2 Definition of evidence-based programs

CfC FP sites were provided with a number of avenues to meet the evidence-based program requirements. They could fund a Community Partner who would deliver one of the following:

- Guidebook program – a program from a repository of off-the-shelf child and family programs that have been assessed by CFCA as having a relatively rigorous evidence base (e.g. Triple P, 1-2-3 Magic)
- Fully approved alternative program – a program delivered by a Community Partner that CFCA approves as meeting minimum standards of a quality program. This category was developed in recognition that
  a) the Guidebook programs were largely limited to parenting interventions, whereas the CfC FP objectives cover a broader range of target groups
  b) there were a number of good quality programs already being delivered that would meet a less rigorous set of criteria and should be continued.
- Provisionally approved alternative program – a program developed by a Community Partner that would be further refined and evaluated to meet the minimum standards and be approved by CFCA by 1 July 2016 (or up to 30 June 2017 if evaluations were longer term).

The criteria for including programs in the Guidebook and the criteria for minimum standards of a quality program (alternate program) to gain full approval are at Box 3.1 and Box 3.2.

BOX 3.1 CFCA CRITERIA FOR THE INCLUSION OF PROGRAMS IN THE GUIDEBOOK

To be included in the evidence-based program profiles, programs need to meet all of the following criteria:

- The objectives of the program are in line with the objectives of the Communities for Children Facilitating Partner model; and
- The program is primarily targeted at children aged 0–12 years and their families; and
- The following documented information on the program is readily available:
  - aims, objectives and a theoretical basis for the program;
  - a program logic or similar;
  - the target group for the program is clearly articulated; and
  - elements/activities of the program and why they are important;
- The program should include a training manual or documentation that allows for replication within Australia; and
- Evaluation of the program has been undertaken with the following characteristics:
  - a randomised controlled trial or quasi-experimental design that has a sample size of at least 20 participants in each of the intervention and control groups: or
  - high quality qualitative evaluation that includes at least 20 participants. The assessment of quality relies on availability of information about factors such as the selection/inclusion/recruitment processes, the nature and representativeness of the sample, the process for administering data collection tools, and the degree of independence from the program developer/implementer; or
  - a high quality combination of the above (mixed methods)
  - the program has been reported as having positive impacts on desired outcomes that are consistent with a strong methodology, as above, and no negative effects have been reported
  - the program must have been replicated or show the potential for replication.

The evidence-based programs presented in the online profiles/Guidebook are limited in relation to CfC FP program objectives. For example, many programs address parenting skills. These evidence-based programs were chosen from existing databases and clearinghouses, however, it is recognised that good practice and programs exist outside of these sources.

SOURCE: FREQUENTLY ASKED QUESTIONS FOR CFC- FP - CFCA WEBSITE

BOX 3.2 CFCA CRITERIA FOR MINIMUM STANDARDS OF A QUALITY PROGRAM *(ALTERNATE PROGRAM)* TO GAIN FULL APPROVAL

To meet the CFCA criteria for minimum standards of a quality program to gain full approval, the program must demonstrate that it has:

- Theoretical and/or research background; and
- Program logic or theory of change; and
- The activities undertaken in the program are documented, and activities generally match good practice in addressing the needs of the target group; and
- One or more evaluations of the program have been conducted (with a minimum total of 20 participants) that establishes the program as having positive benefits for the target group, and a report is available, with following design;
  - pre- AND post-testing of participant outcomes; or
  - a comparison of the outcomes of those who received the programme and those who didn't; or
  - a comparison of two types of service interventions.
- Staff members that run the program are sufficiently qualified and/or trained to run the program.

SOURCE: SOURCE: FREQUENTLY ASKED QUESTIONS FOR CFC- FP - CFCA WEBSITE

3.1.3 Support for the evidence-based program requirement

Support was provided to CfC FP Partners to develop and implement evidence-based programs:

- the Department procures services from members of the Expert Panel to deliver projects that support Families and Children (FaC) Activity service providers to plan and implement programs, measure outcomes and conduct evaluations with the ultimate aim of improving outcomes for families and children.
- the Expert Panel is made up of 42 research, evaluation and practice experts. Members of the Expert Panel were selected via an open procurement process.
- the Australian Institute of Family Studies (AIFS) manages the Expert Panel and disseminates learnings from projects across the sector via its Child Family Community Australia Information Exchange (CFCA) website.
- CFCA manages a Steering Committee of prominent academics for the Expert Panel who identify emerging issues or trends in service delivery to guide the projects the Department commissions.
- FaC service providers can use their own funds to directly procure assistance from the 42 panel members and this panel arrangement is referred to as the Industry List. So far around 11 providers have procured services from the Industry List.

  While CFCA offers guidance around what constitutes evidence-based, under the program the Department does not monitor a provider's fidelity to the delivery of an evidence-based program. There are no departmentally driven requirements in regard to ensuring program fidelity, however, information about program fidelity is housed on the CFCA website.

3.2 Findings

3.2.1 Stakeholder support for the evidence-based program requirement

The setting of targets and creation of supporting infrastructure (e.g. Guidebook and the Industry List) for evidence-based service delivery was intended to increase the use of evidence-based programs and practices with the ultimate aim to improve outcomes for children and families.

The review found that there is support, amongst Facilitating Partners, Community Partners and other stakeholders, for requiring CfC FP programs to be evidence-based.

The majority of Facilitating Partners (83 per cent) and Community Partners (78 per cent) survey respondents indicated that the rationale for introducing the evidence-based criteria was clear (see Figure 3.1).

Stakeholders considered targets to be beneficial in promoting:

— greater accountability

— increased professionalisation of services for families and children

— confidence in the effectiveness of funded services

— encouraging a higher standard of service delivery.

It is good to know that a program you are funding is going to make a difference. However, it often relies on the right person delivering to get 'awesome' results.

*Facilitating Partner **

It is good to have a gold standard program if there is fidelity. It's an educative process from just "we know it works", to having conversation about "how do we know". It helps set expectations about why we're funding some groups and not others and initiates a process of conversation.

Facilitating Partner

Overall the 30 and 50 per cent requirement is useful because it encourages a higher standard of service delivery that is sorely needed. Getting providers to start thinking about it. It brings everything into line for them. There is no pocket where they can hide away and not think about those things.

CfC Committee member

From a parent perspective, if we know it is evidence-based then we know that it will get a result or at least more chance of getting the right result. If as a parent, if I send my child there [to a service] I want to know it would work. If I have certain needs for my child and if I am told that a program is evidence-based then I will know I'm not wasting my time going on a wild goose chase.

CfC Committee member

In principle, it is great with a lot of detail provided. However, it requires a lot of work

Community Partner

The landscape screams evidence-based at the moment. It is an exciting and I do see the value. However I do think that it can also jeopardise the creative work that we do. Programs aren't a tick box, communities don't work like that.

Community Partner

It definitely provides an accountability. I come from a health background – research, client, evidence and goals and local aims of the community - that is bread and butter. It is essential to have underpinnings of evidence base as the way it is currently defined.

Community Partner

**QUOTES FROM SURVEYS AND INTERVIEWS ARE PROVIDED VERBATIM*

However, Facilitating Partners, Community Partners and other stakeholders have raised a number of issues with the evidence-based requirement, including:

— the narrowly constructed definition of 'evidence-based' which they perceive fails to incorporate factors such as the importance of ongoing relationships between services and communities and professional judgement and experience

— the potential risk that smaller providers and programs - often soft entry points to other services - may be excluded from funding as delivery of evidence-based program requires resourcing and time

- the approach for compiling the Guidebook profiles may not be suitable for the range of services provided through the CfC FP
- a limited and inflexible selection of programs currently listed in the Guidebook that do not reflect community needs and the risk that Guidebook programs are being selected from the list without full consideration of whether the program meets the community's needs (discussed further in this Chapter)
- a disproportionate number of parenting and early childhood programs in the Guidebook
- the ability to create 'innovative grassroots' programs is reduced by the need to adhere to the evidence-base
- the variable awareness of the ability to apply for assistance from CFCA to have their programs (alternative programs) assessed as evidence-based
- the potential to undermine the community development and co-design focus of the original CfC FP program design in the case of implementing Guidebook programs.

We accept the value and importance of evidence based activities but are yet to be convinced that the current process is an effective way to expand and enhance the evidence base.

Community Partner

Evidence based is not the sole factor of ensuring good outcomes, the practice and continued relationships are extremely important considerations that often "evidence-base" does not take into consideration.

Community Partner

The evidence-based requirements initially privileged certain types of evidence (Randomised Control Trials). The introduction of other types of studies (qualitative) was very welcome, as there are a number of significant ethical issues with implementing RCTs. Other forms of evidence are equally valid and this is starting to be recognised, which has been a fantastic shift.

Community Partner

The cost of some of the programs and the availability to complete training were both difficult and not client focused.

Facilitating Partner

The major challenge for our CfC program in implementing the 50% evidence-based requirement for 17-19 is the time frame to enable current projects to develop a submission for approval as an evidence-based program (i.e. the capacity to collect evaluative data and report on the data to submit an application for approval). To enable development of the Activity Work Plan by 30 April, the FP and Committee will need to have information by last February as to which current programs will be approved as evidence-based. If there was the capacity to have Provisional Approval, then this would enable this time-frame to be achievable.

Facilitating Partner

3.2.2 Stakeholder support for the targets

The survey found that there is a high level of support amongst Facilitating Partners and Community Partners for the 30 per cent target in the case of Guidebook programs.

However, there is less support for the requirement to meet the 50 per cent target by June 2017. Based on input from surveys and consultations, several factors may explain the tapering off in support of the 50 percent target:

- perceptions of the reasonableness of the timeframe (only 34 per cent of FPs surveyed consider the timeframes to be reasonable)
- the appropriateness of the Guidebook programs, which currently account for the majority of the evidence-based programs currently delivered

— perceived difficulties in obtaining approval of alternative evidence-based programs (i.e. those developed and submitted to CFCA by CfC FP sites).

3.2.3 Progress in meeting the targets

Our review found that progress against the 30 per cent per cent target is positive. Most respondent Facilitating and Community Partners support the requirement that at least 30 per cent of CfC FP service delivery funding be allocated to CFCA approved programs by 1 July 2016 (75 per cent of Facilitating Partners and 73 per cent of Community Partners agree or strongly agree with this requirement — see Figure 3.1).

We note that the majority of CfC FP sites were well placed to meet the 30 per cent target based on the existing mix of services being delivered in the area or having the right conditions for the introduction of the requirement. All key informants (including Grant Agreement Managers) were of the view that all CfC FP sites were on track to meet the 30 per cent target.

Our review found that Facilitating Partners were also positive about their prospect of being able to meet the 50 per cent target. The majority of respondent Facilitating Partners are confident that their CfC FP site and their Community Partners are well positioned to meet the 50 per cent evidence-based program requirements by July 2017(see Figure 3.2). A minority (36 per cent) were unsure or did not agree that they would be able to meet the 50 per cent target.

However, as indicated previously, support for the 50 per cent target tapers with more Facilitating Partners disagreeing rather than agreeing with the requirement. Interestingly, Community Partners were more supportive compared to Facilitating Partners of the 50 per cent requirement with more than 57 per cent of respondent Community Partners indicating their organisation supports the requirement. Consultations with stakeholders did not reveal a rationale why.

Most respondent Facilitating Partners do not perceive the timeframe for implementing the evidence-based requirements as being reasonable and in line with the resourcing, capacity and capability of organisations in their service delivery area.

Factors raised by stakeholders in interviews in the five site visits that could explain the tapering support include:

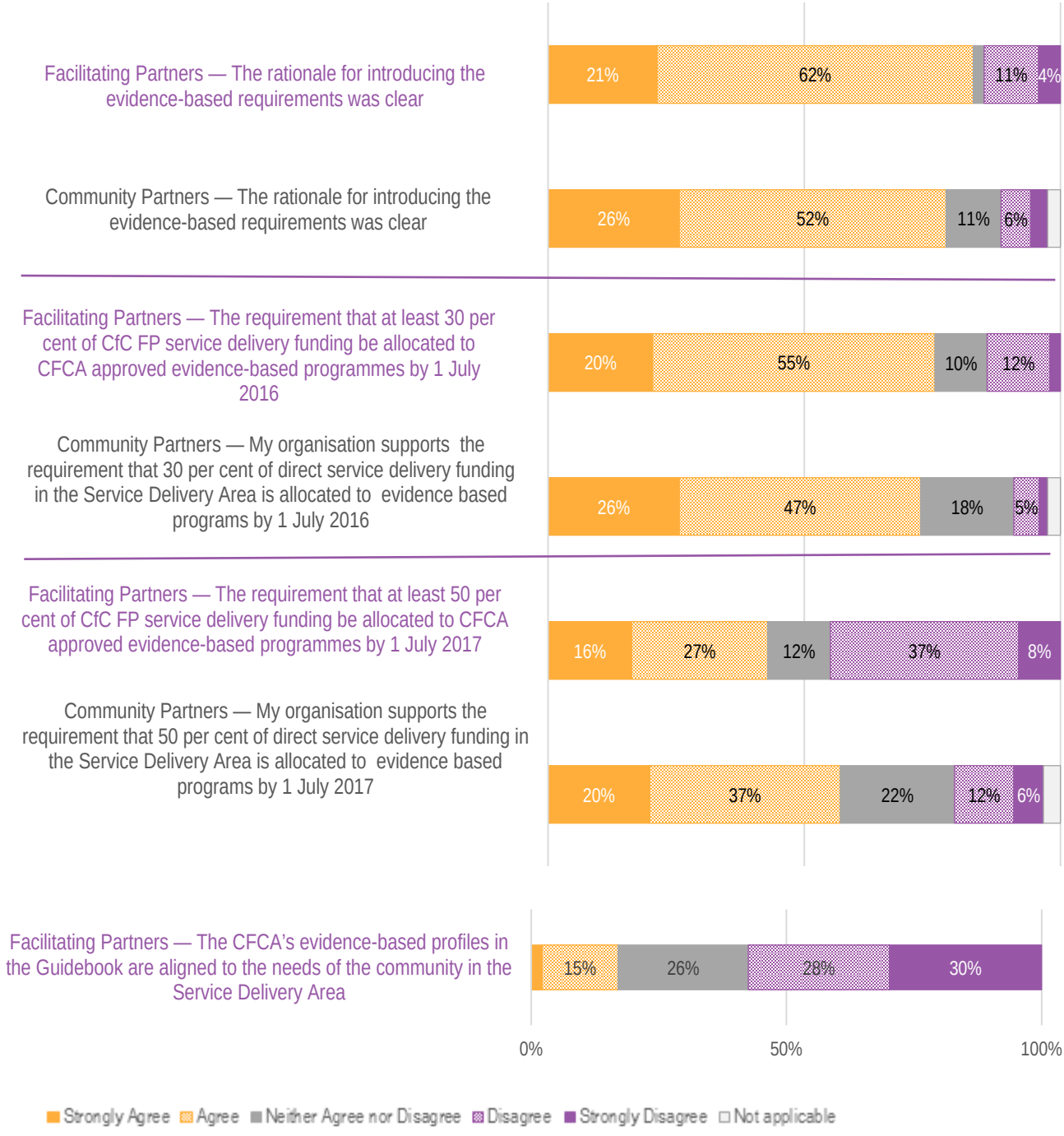
— the perceived intensity and level of work required to prepare and submit alternative programs to CFCA for approval
— difficulty obtaining the training required to deliver the Guidebook programs
— limited selection of Guidebook programs suited to their community. Stakeholders expressed concern that this could result in programs being selected to meet the target rather than the needs of the community
— lack of clarity on the process for developing and submitting alternative programs to CFCA for approval
— the capacity of smaller organisations and services, particular in remote locations, to deliver evidence-based programs.

It appears that the transition to formalised evidence-based service delivery can create tensions for providers. Additional resourcing costs to ensure quality of service delivery was identified in the PIR which included ongoing training of staff (particularly where there is high staff-turnover). Other factors identified as impacting the longer term sustainability of programs included the capacity to recruit and maintain participants to new programs that are not integrated into the broader service system.

3.2.4 Meeting the needs of communities

Only 17 per cent of respondent Facilitating Partners to the survey agree or strongly agree that the evidence-based profiles in the Guidebook are aligned to the needs of the community in their service delivery area (see Figure 3.1).

Figure 3.1 FACILITATING PARTNER AND COMMUNITY PARTNER SURVEY — SUPPORT FOR EVIDENCE-BASED REQUIREMENTS



Source: ACIL ALLEN CONSULTING 2016; FP N=47;CP N=121; MAY NOT SUM UP TO 100 DUE TO ROUNDING

Stakeholders also considered that some non evidenced-based programs can be of equal value to some communities, and were concerned that the new model may result in implementing programs that don't exactly meet community needs. Issues were also raised about the capacity of the workforce to develop and deliver evidence-based Guidebook programs, particularly in remote communities, including training and Intellectual property costs.

It is difficult to find programs that are applicable to our cultural setting that are listed in the Guidebook and as a result, we are limited in the programs we provide that would otherwise be meaningful to our community due to financial constraints.

Community Partner

It is also costly and time-consuming to get to (the) evidence based stage and my organisation is not funded for this element. Our program intentionally adjusts to and reflects the needs of the families and communities that access the service. We are aware of lots of programs that are on the evidence based list are selected but are not being delivered in their intended and assessed format. There are many very good programs that will be unable to meet assessment requirements and will therefore have to complete for a reduced slice of the pie. This is a challenge because there is a great temptation and pressure to choose off the shelf programs that do not meet needs of the families and which flies in the face of community development models and practice.

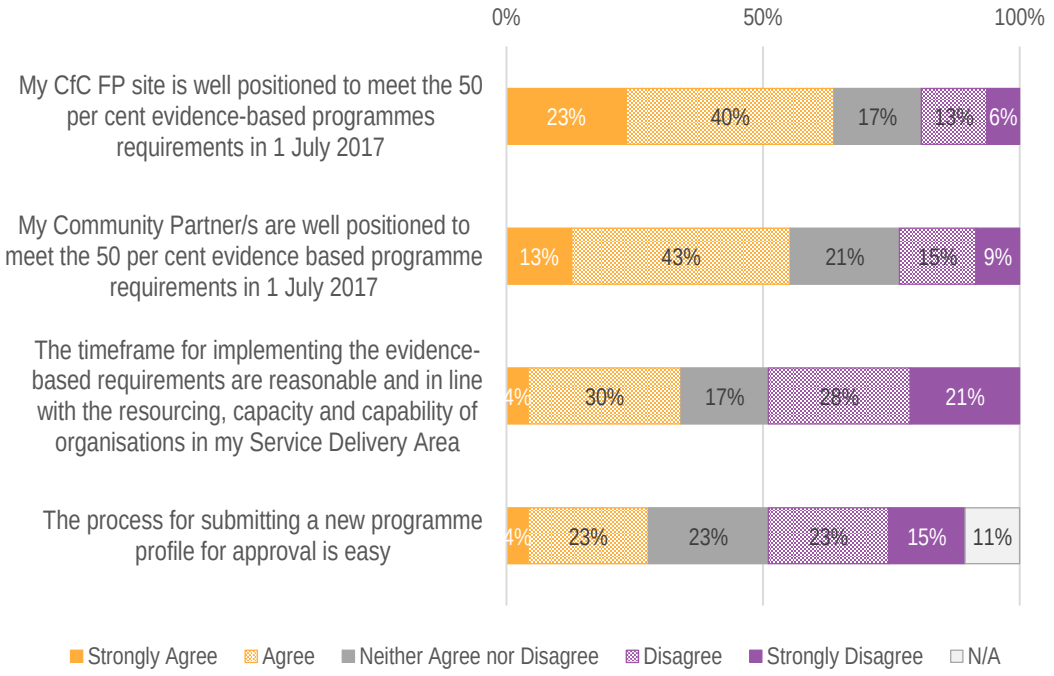
Community Partner

3.2.5 Remote and very remote community considerations

Our review found that stakeholders were concerned that the evidence-based model may disadvantage service delivery to vulnerable populations in remote and very remote areas. Stakeholders expressed significant concern that the general challenges raised in regard to the evidence-based requirement were amplified in remote and very remote communities. Their concerns included:

- service provider organisations in remote areas believe they don't have the resources required to develop and sustainably implement evidence-based programs
- scepticism by many Community Partners about whether progressing evidence-based programs in remote areas can actually meet community needs while maintaining program fidelity. Issues identified that impact on capacity include a small and transient work force which requires continuous support in relation to attaining formal qualifications, bridging language issues, and accessing ongoing training while meeting a resource intensive level of service demand
- the capacity to meet the evidence-based requirements can be impacted by the size of communities if delivering alternative programs required the minimum of 20 people. It was suggested at one site that was visited that flexibility in regard to the confidentiality of client data and the evaluation sample sizes could assist small communities meet the requirements for programs to be assessed as evidence-based.

FIGURE 3.2 FACILITATING PARTNERS SURVEY — MEETING THE EVIDENCE-BASED REQUIREMENT



SOURCE: ACIL ALLEN CONSULTING 2016; N=47; MAY NOT SUM UP TO 100 DUE TO ROUNDING

3.2.6 Support accessed by Facilitating and Community Partners

Supports accessed to meet the targets

Our review found that different sites had taken different approaches to meeting the targets including the support they accessed and whether programs were chosen from the Guidebook.

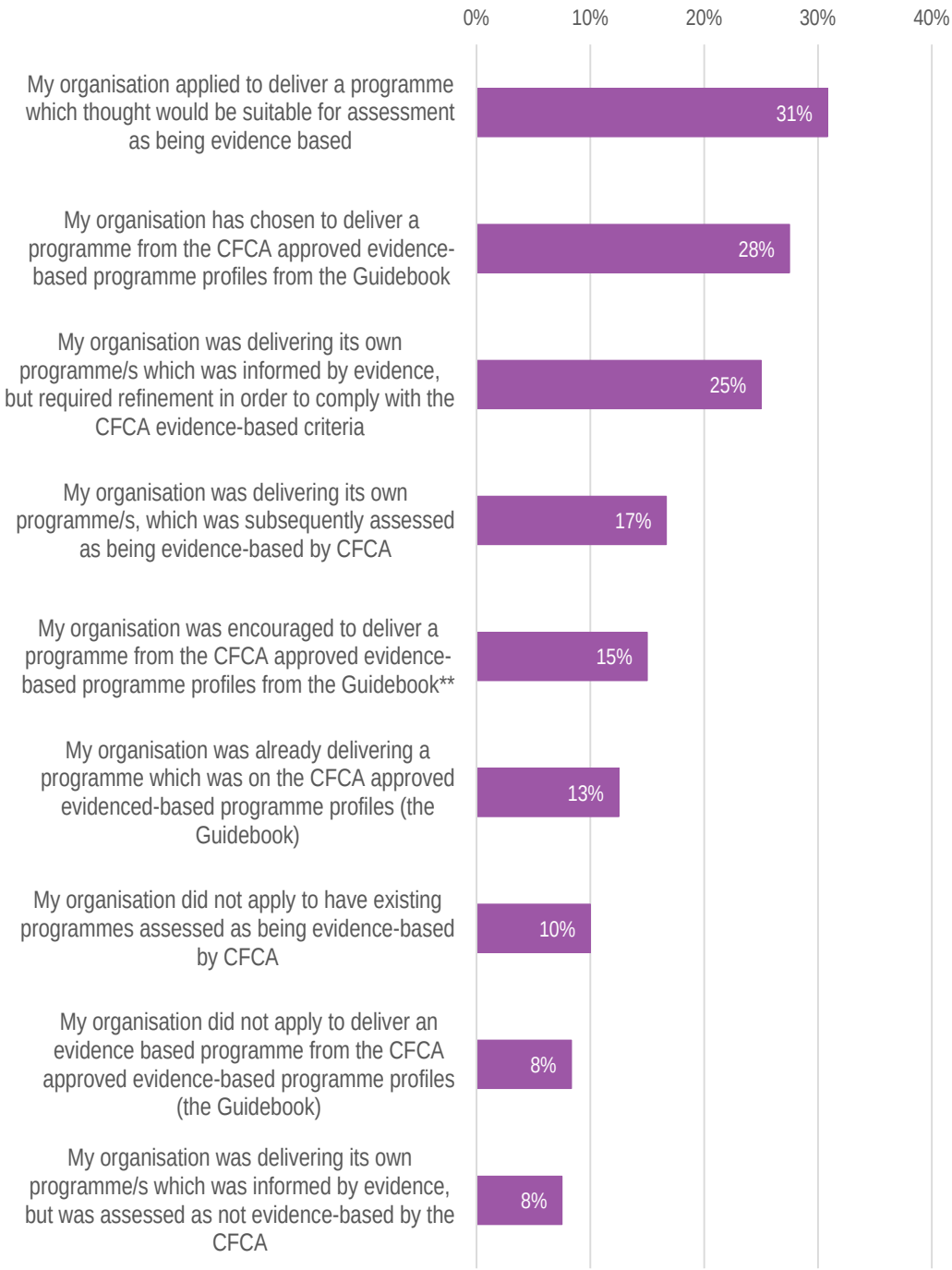
Approximately half the Facilitating Partners survey respondents reported that they had secured CFCA approval for one or more alternative programs for delivery in their site. A majority of Facilitating Partners reported that Guidebook programs were being delivered in their site. Three of the five sites visited indicated that they are expecting to meet the 50 per cent target through approval by CFCA of alternative programs.

The approach adopted by Community Partners also varied. Figure 3.3 shows the way Community Partners have chosen to respond to the introduction of the evidence-based requirements.

Facilitating Partners and Community Partners have viewed the approval process for alternative programs as being complex, time-consuming and requiring a level of expertise and resourcing that were not always available. 48 per cent of Facilitating Partner survey respondents disagreed or strongly disagreed that the process for submitting new program profiles for approval was easy. 27 per cent of the same respondents who had submitted program profiles agreed or strongly agreed that the process was easy (see Figure 3.2). In survey comments and site interviews, several Community Partners and Facilitating Partners fed back that they did not realise beforehand the time and resources required to prepare a program for approval by CFCA.

Most Facilitating Partners considered that their Community Partners have a reasonable understanding of the processes and criteria used to assess programs as being evidence-based (see Figure 3.4). However, a significant proportion of Facilitating Partners (one quarter) considered that their Community Partners do not understand the process for having programs assessed by CFCA as meeting the minimum standards of a quality program to be included as part of the evidence-based requirements.

FIGURE 3.3 COMMUNITY PARTNERS SURVEY — EFFECT OF EVIDENCE-BASED* REQUIREMENTS IN PROGRAM DELIVERY



SOURCE: ACIL ALLEN CONSULTING 2016; N=120; MULTIPLE RESPONSES ALLOWED
NOTES:

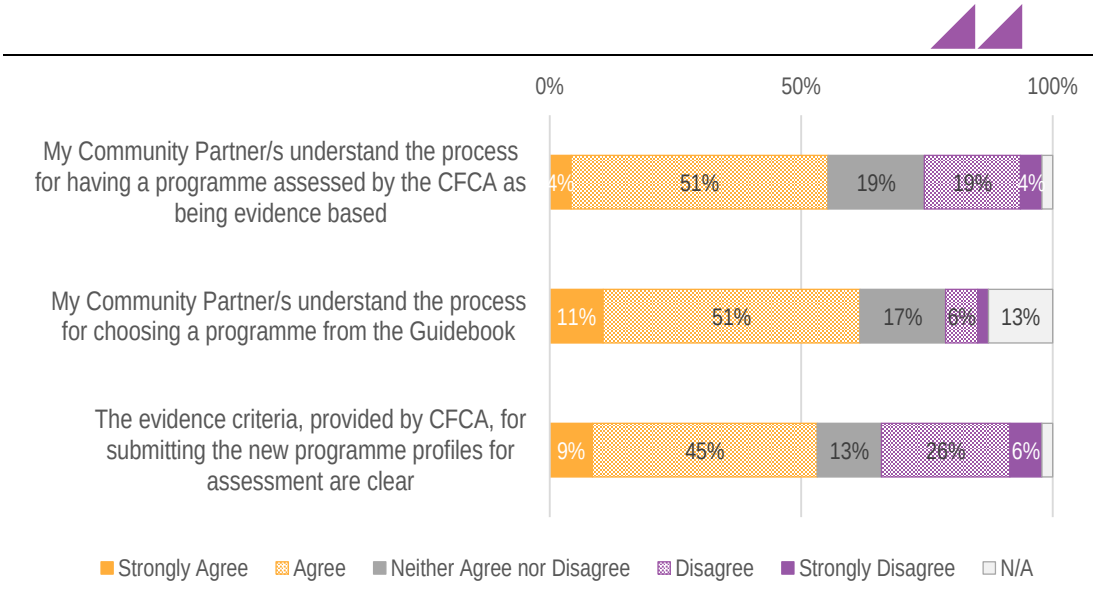
**A PROGRAM IS CONSIDERED "EVIDENCE BASED" IF IT HAS BEEN ASSESSED BY THE CFCA AND IS CONSIDERED TO MEET:*

1. *REQUIREMENTS TO BECOME A GUIDEBOOK PROGRAMME, OR*
2. *THE MINIMUM STANDARDS OF A QUALITY PROGRAM THAT CAN BE INCLUDED AS PART OF THE TARGETS*

***COMMUNITY PARTNERS MAY HAVE BEEN ENCOURAGED TO DELIVER A PROGRAM FROM THE GUIDEBOOK FOR SEVERAL REASONS INCLUDING:*

1. *THE GUIDEBOOK PROGRAMME WAS SUITABLE FOR THE COMMUNITY*
2. *THE GUIDEBOOK PROGRAMME WOULD HAVE BEEN A 'BETTER FIT' THAN EXISTING PROGRAMMES, OR*
3. *DELIVERING A GUIDEBOOK PROGRAMME WHOULD HAVE PREFERABLE TO HAVING AN EXISTING PROGRAMME ASSESSED BY CFCA*

FIGURE 3.4 FACILITATING PARTNERS SURVEY — EVIDENCE-BASED CRITERIA AND ASSESSMENT PROCESS



SOURCE: ACIL ALLEN CONSULTING 2016; N=47; MAY NOT SUM UP TO 100 DUE TO ROUNDING

Our review found that a majority of Facilitating Partners have received support from their Grant Agreement Managers when developing and implementing evidence-based programs (see Figure 3.5) Community Partners who asked for help were also particularly satisfied with the support from their Facilitating Partners relating to designing and submitting alternative programs for approval by CFCA (see Figure 3.6).

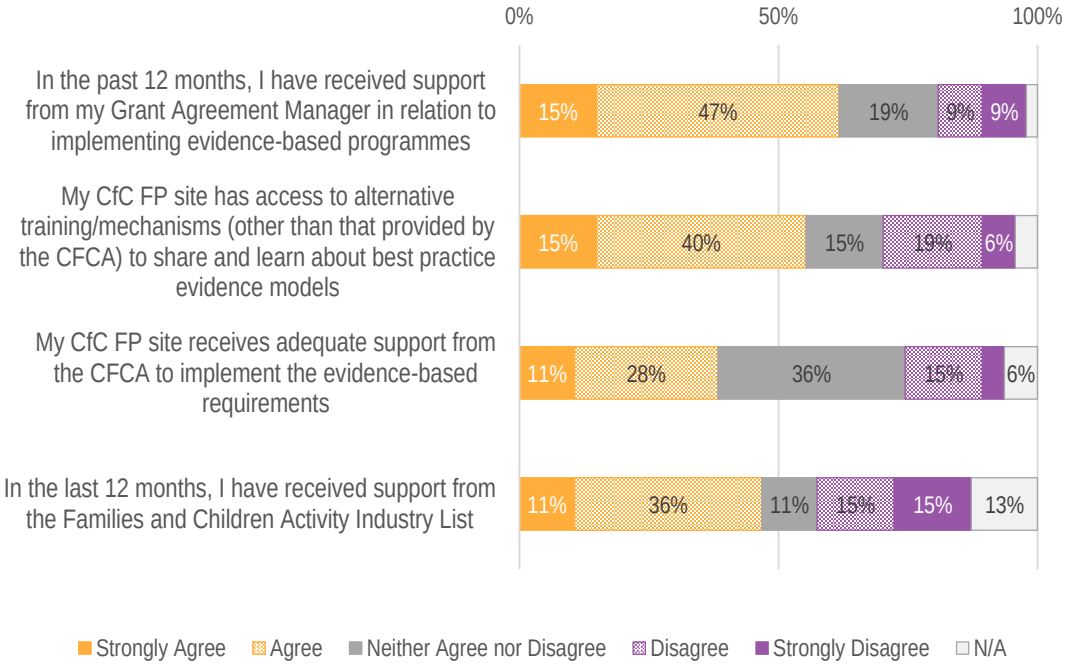
Community Partners who have asked for help to access a range of supports from their Facilitating Partners. The supports assisted them in meeting the evidence-based requirement (such as developing program logics and research and evaluation training) but also other CfC FP program requirements, particularly, data and reporting (see Figure 3.7).

Facilitating Partners indicated that they also use networks developed between themselves and other Facilitating Partners to share experience, best practice and problem solve in regard to the evidence-based requirement. Some of these networks are formal, such as those set by larger organisations with more than one CfC FP site, however many are informal.

A few Community Partners in their written comments asked for increased transparency and communication about the program assessment process, and for financial and technical support in relation to research and development activities required to develop evidence-based programs. Community Partners also found collecting SCORE[3] data, and adapting existing evaluation tools challenging.

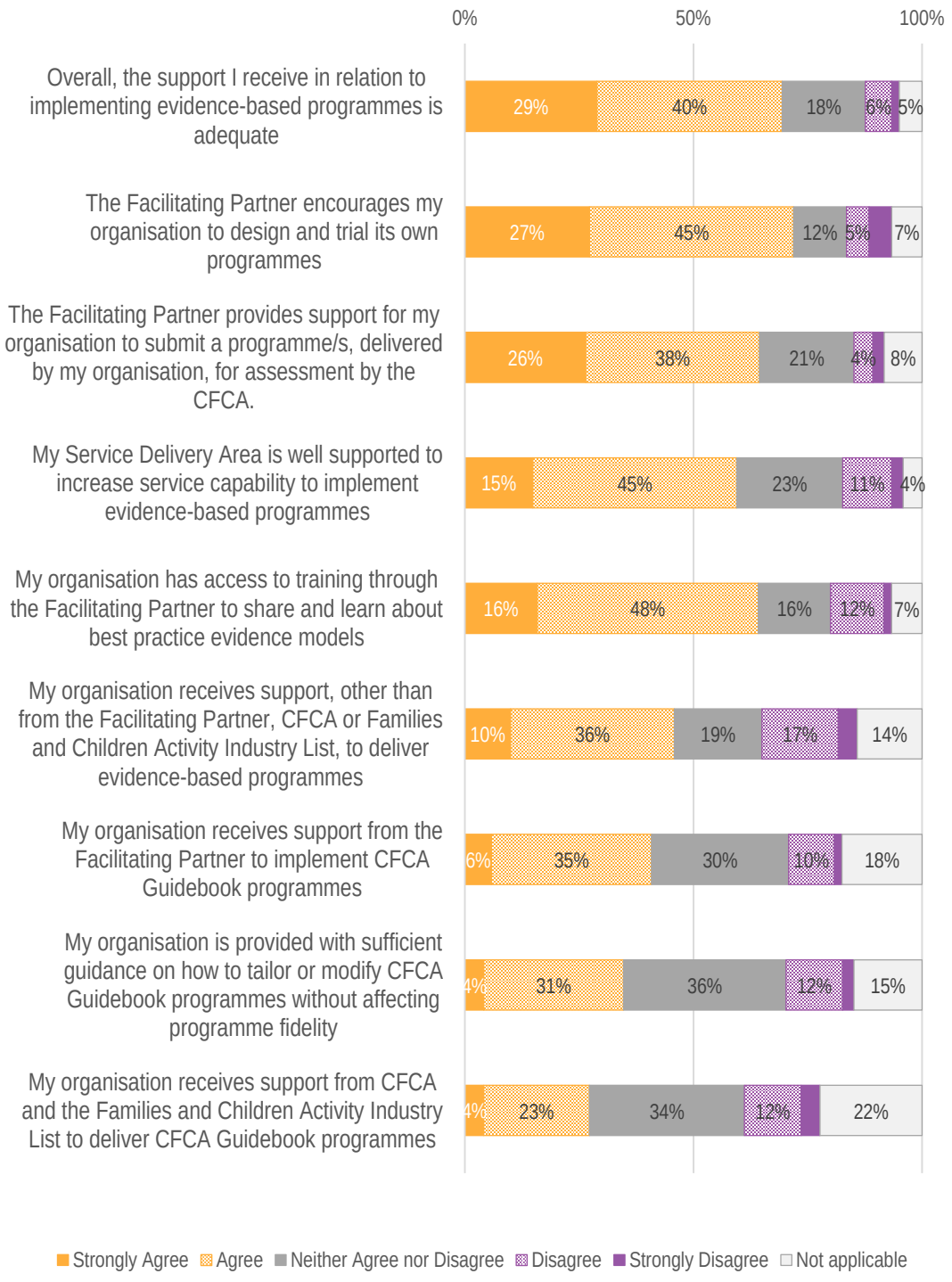
[3] SCORE stands for Standard Client Outcomes Reporting and is how outcomes are collected in DEX.

FIGURE 3.5 FACILITATING PARTNERS SURVEY — SUPPORT RECEIVED IN RELATION TO IMPLEMENTING EVIDENCE BASED PROGRAMS



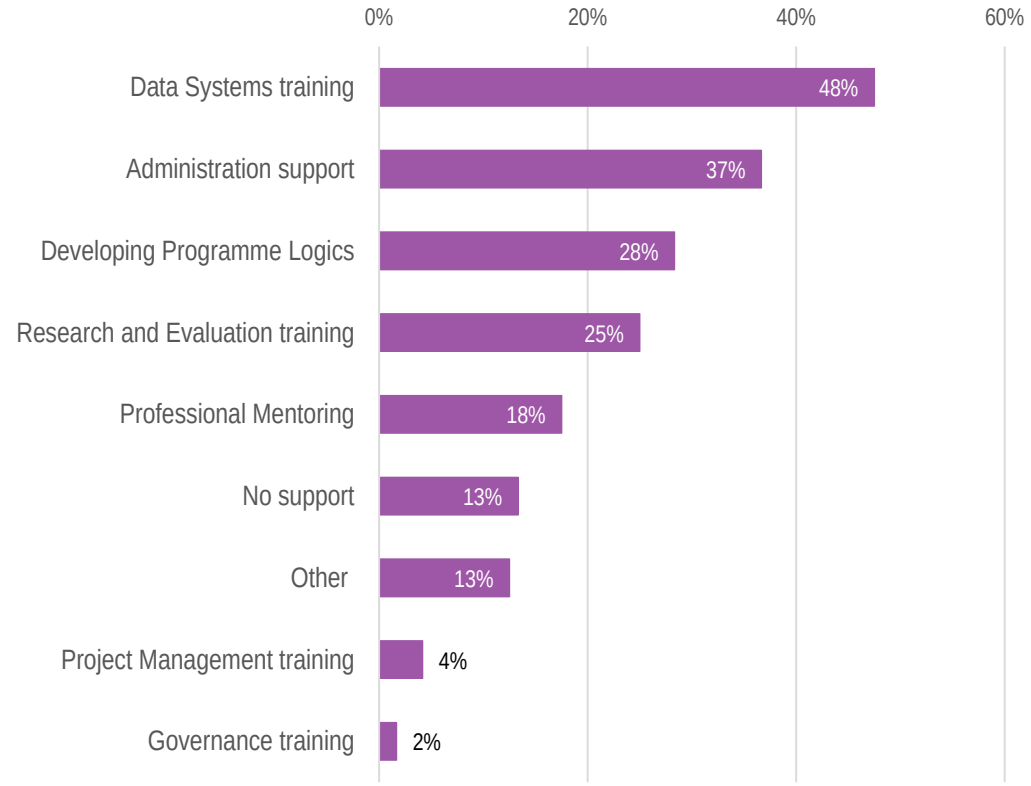
SOURCE: ACIL ALLEN CONSULTING 2016; N=47; MAY NOT SUM UP TO 100 DUE TO ROUNDING

FIGURE 3.6 COMMUNITY PARTNERS SURVEY — SUPPORT RECEIVED IN RELATION TO IMPLEMENTING EVIDENCE BASED PROGRAMS



SOURCE: ACIL ALLEN CONSULTING 2016; N=121; MAY NOT SUM UP TO 100 DUE TO ROUNDING

FIGURE 3.7 COMMUNITY PARTNERS SURVEY — SUPPORT ACCESSED FROM FACILITATING PARTNERS IN PAST YEAR



SOURCE: ACIL ALLEN CONSULTING 2016; N=120; MULTIPLE RESPONSES ALLOWED; OTHER INCLUDES RESULTS BASED ACCOUNTABILITY, MARKETING AND ONGOING SUPPORT

Support from CFCA and Industry List

Our review found that respondent Facilitating and Community Partners had different responses to support provided by CFCA and the Families and Children Activity Industry List. Access to both was variable with polarised feedback in relation to support provided from the List (11 per cent strongly agree they received support, while 15 per cent strongly disagree).

As indicated previously, some Facilitating and Community Partners reported as not being aware of the services and supports offered by CFCA. The majority of respondent Facilitating Partners (70 per cent) and Community Partners (92 per cent) have not purchased services from the Families and Children Activity Industry List in the last twelve months (see Figure 3.8). It should be noted that support received by the Expert Panel (for example, the Measuring Outcomes project) may be confused by those who sought support from the Industry List themselves.

Almost a quarter of Facilitating Partner respondents reported having purchased program evaluation, implementation and monitoring services within the last 12 months. However, only 5 per cent of Community Partners purchased program evaluation services (see Figure 3.8). Note that both Facilitating Partners and Community Partners can fund the evaluation of a program.

Some CfC FP sites have chosen not to draw on the support of CFCA in developing alternative programs as they had access to expertise through universities or other sources. Two of the sites we visited for interviews reported partnerships with universities to support the development of alternative programs.

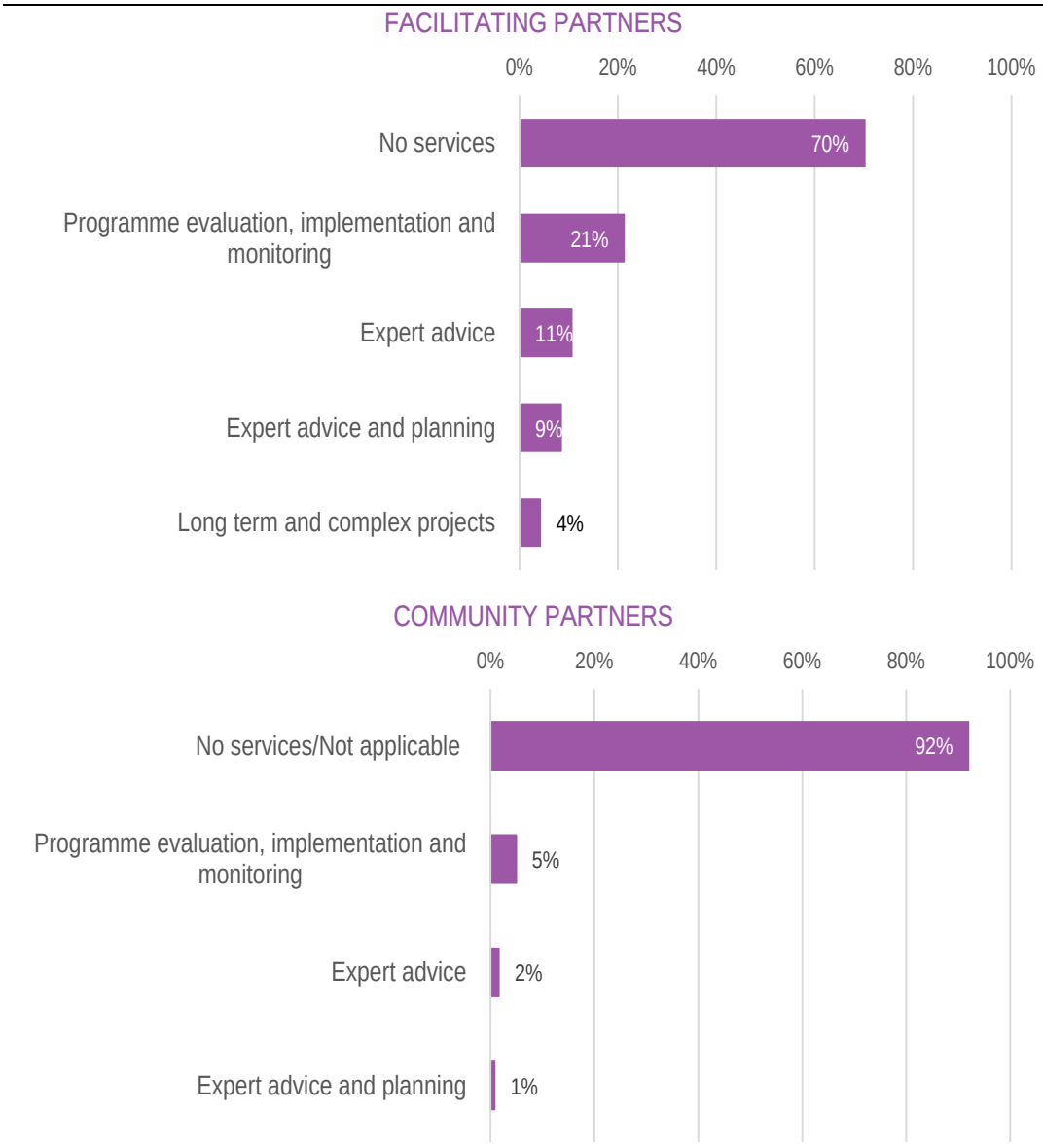
Issues raised by stakeholders that may contribute to the level of support accessed by stakeholders included:

— the cost of purchasing assistance from the Industry List being prohibitive

— lack of confidence that the Industry List has the required expertise, to navigate the particular issues facing remote communities.

A few Facilitating Partner survey respondents in their written comments perceived difficulties with obtaining training and support for implementing the Guidebook programs, and a perception of misalignment between the evidence-based criteria and how data is captured for the DEX platform.

FIGURE 3.8 FACILITATING AND COMMUNITY PARTNERS SURVEY — SERVICES PURCHASED FROM FAMILIES AND CHILDREN INDUSTRY LIST IN PAST YEAR



SOURCE: ACIL ALLEN CONSULTING 2016; FP N=47;CP N=120; MULTIPLE RESPONSES ALLOWED

3.2.7 Selecting programs from the Guidebook and ensuring program fidelity

Both Facilitating Partners and Community Partners were surveyed about adaptations they have made in delivering CFCA approved evidence-based programs. Only a small minority of respondent Facilitating Partners reported making changes.

These respondents have made changes to their programs to make them more relevant to the community. Adding content to make the programs more appealing to participants was the most prominent change identified by respondents.

A small number of Community Partners reported making adaptations such as:

- changing the length of sessions (15 per cent)
- changing the number of sessions (15 per cent)
- changing the number of staff required to deliver a service (12 per cent)
- altering program topics or key messages (11 per cent)
- changing the number of participants (8 per cent)
- using staff or volunteers not formally trained to deliver the service (7 per cent) (see Figure 3.9).

Based on guidance material provided by CFCA in relation to fidelity and adaptation[4], the changes made by Community Partners may be considered deviations from program fidelity. However, it is not certain as to whether these alterations had been made with the support and guidance of the program owner. The survey question does not allow for the split between Guidebook or alternative programs being adjusted to be determined.

Facilitating Partners are generally confident that their Community Partners are maintaining program fidelity when delivering programs from the Guidebook (68 per cent agreed or strongly agreed with this statement) with Community Partners reflecting the same confidence in their capacity to tailor programs without affecting program fidelity.

However, a number of issues were raised by stakeholders in maintaining fidelity including:

- the ongoing requirement for resourcing and accessing training for workers, particularly in communities with transient workforces
- the need for support from Facilitating Partners and the Department, including a process to monitor fidelity.

Delivering evidence based programs in remote communities raises issues of fidelity and cultural relevance. Currently it places pressure on the acceptance of fly-in, fly out programs due to there being very limited Community Partners in remote communities to deliver services. It also raises concerns from our remote CfC Committee who want to see services delivered by local people using culturally appropriate activity frameworks. To achieve this well, we need to have local people involved in the design and creation of activities which can get on that evidence-based pathway. But we are a long way from that position currently.

Facilitating Partner

Program training is often not available, due to the training organisation not having sufficient funds to implement training or the organisation was unaware they were on the Guidebook or it was an overseas company that had to be negotiated with to access the training.

Facilitating Partner

Meeting the fidelity of the program is difficult. In an ideal world we would be auditing these programmes. But we don't have funds for that. There are interesting findings on the ground as well that's not being captured into the evidence base.

Facilitating Partner

[4] See AIFS advice on adapting and tailoring programs on website - https://aifs.gov.au/cfca/expert-panel-project/information-service-providers/frequently-asked-questions-communities-children-facilitating-partners#evidence-based

FIGURE 3.9 COMMUNITY PARTNERS SURVEY — CHANGES MADE TO MAKE EVIDENCE-BASED PROGRAMS MORE RELEVANT TO COMMUNITY

SOURCE: ACIL ALLEN CONSULTING 2016; N=120; MULTIPLE RESPONSES ALLOWED

SUMMARY OF KEY FINDINGS – EVIDENCE-BASED REQUIREMENTS

- Overall the requirement for evidence-based services is supported by Facilitating Partners, Community Partners and other stakeholders
- The majority of sites met the 30 per cent requirement for evidence-based programs
- Most Facilitating Partners are confident they will meet the 50 per cent requirement but many are dependent on CFCA approvals of alternate programs. A minority (36%) are unsure or do not think that they will meet the 50 per cent target by June 2017
- Most Facilitating Partners did not support the timeframe for meeting the 50 per cent target
- Stakeholders are concerned that meeting the 50 per cent target timeline could result in programs being delivered that do not meet community need
- Only 17 per cent of FPs thought that Guidebook programs are suited to local community need

3.3 Recommendations

A strong focus by DSS, providers and CFA will need to continue beyond June 2017 to ensure that the evidence-based program requirement is appropriate, sustainable and contributes to meeting the overall objectives of the program.

The recommendations for achieving this objective include:

1. Implement a multi-channel communication strategy to inform and develop evidence-based service delivery

   The development and delivery of evidence-based programs can be both challenging and rewarding. The engagement and input of Facilitating Partners into development of the requirement is needed to ensure the robustness, appropriateness and sustainability of the benefits of the requirement to clients and the CfC FP Program overall.

   Increased formal communications around the CfC FP reforms and evidence-based requirements should be developed to support engagement on all elements of the 2014 reforms and the ongoing development and implementation of the CfC FP Program. Features of the communication strategy should include:

   — being co-designed with the sector to create joint ownership
   — recognition of the diversity of sites and implementation approaches within the Program
   — a common and clear definition of evidence-base and explanation of the hierarchy of evidence
   — a strategy to monitor progress that includes a clear line of site from evidence-based service delivery to DEX
   — a clear process in which issues can be identified and resolved. This could include 'escalation' to the proposed Facilitating Partner network (see below) for collective problem solving
   — support for Facilitating Partners in building the understanding and capacity of Community Partners and community stakeholders in regards to evidence-based requirements and service delivery.

2. Establish a Facilitating Partner Network

   Informal networks have developed between Facilitating Partners as well as more formal networks such as those within large host organisations with responsibility for a number of sites. These provide opportunities for expertise and experience to be harnessed and leveraged across the system and problem solving to benefit from a collective approach.

   A more formal arrangement through a National Facilitating Partner Forum (with a Facilitating Partner representing each jurisdiction) supported by the Department could improve service delivery, government and knowledge transfer to these networks, provide a robust source of advice for the Department and be a structured pathway for co-design of solutions. This could include on-line forums for sharing experience, lessons learned, and success stories with discussion boards on key themes.

Such a forum would have resource implications for Facilitating Partners and the Department and would need to give consideration to balanced representation of different service localities and Facilitating Partner organisations.

3. Develop an approach that supports program fidelity

Fidelity of programs is important to ensure clients have access to best practice as well as maintaining the integrity of the Program. However, our review found that the workforce may not have the skills and training to understand and implement the requirement. Additionally, a regime of monitoring/auditing service delivery has not yet been established or resourced within the Department or sector. Strategies to consider for supporting fidelity include:

— CFCA to develop and implement a communication strategy around fidelity generally. This should form part of the proposed broader communication strategy

— looking for joined-up opportunities to maximise resources for training for particular programs across different sites. This is already happening informally between Facilitating Partners.

4. Review the strategy for providing support to CfC FP sites

The use of CFCA and the Industry List was variable across sites. There was a high level of satisfaction from those sites who accessed CFCA, however, there was a variable response to support accessed from the Industry List, in particular, for service delivery in remote communities.

It is recommended that the current approach is further analysed to confirm the issues involved and to that address barriers to access, for example, the cost of developing and delivering evidence-based programs and a lack of awareness of appropriate and available supports.

5. Improve support to regional and remote communities

Implementation of the evidence based requirements in regional and remote communities has been reported as difficult. Stakeholders identified issues such as transient populations, workforce skill shortages, higher costs of professional support and servicing communities with specific cultural needs as contributing factors. These issues are of considerable concern to relevant sites.

A strategy should be developed that includes consideration of:

— flexibility in regards to the current evaluation requirements to meet the evidence-based criteria for alternative programs. This includes flexibility in sample size for evaluation and confidentiality considerations

— an assessment of workforce capacity in individual sites and long term strategies to develop and grow capacity. This could be undertaken by Facilitating Partners with support provided by the Department

— ensuring that the Industry List includes providers who have demonstrated appropriate expertise particularly in remote service delivery

— continued co-design of local strategies with the Department, Facilitating Partners and local stakeholders.

It is noted that in acknowledgement of the challenges in remote service delivery a separate Families and Communities Expert Panel Regional and Remote project is underway to provide support to Facilitating Partners and some Community Partners in regional and remote locations to meet the evidence-based requirement and to develop strategies and tools in consultation with CFCA that can be used by all Facilitating Partners.

4 CHANGING ROLE OF FACILITATING PARTNERS

This chapter examines progress in implementing the 2014 reform requirement about the role of Facilitating Partners through an analysis of key findings from stakeholder consultations and survey results.

4.1 Introduction and background

CfC Facilitating Partners are non-government organisations with whom the Australian Government contracts to manage and facilitate the CfC FP initiative for a geographic location. The Facilitating Partner is responsible for overall facilitation and management of the CfC FP initiative within the site.

It was intended, since the Program's inception, that the Facilitating Partners would primarily play a strategic and facilitative role. However it was found that the lack of specific requirements within funding agreements had resulted in some Facilitating Partners shifting towards a service delivery role. Subsequently, as part of the 2014 reforms, the new operational guidelines that were introduced state that "*Facilitating Partners may only deliver services themselves if suitable Community Partners are not available. In this case, the CfC FP must mentor organisations in the community to build their capacity and take over service delivery over time. This arrangement should be agreed with the Department.*"[5]

In addition, the *Creating the Conditions for Collective Impact: Transforming the Child-Serving System in Disadvantaged Communities* research project is being undertaken in 10 CfC FP sites. The project is in the first stage of a planned 7-year research program based at Griffith University and the Department is a contributing partner. It is expected that the outcomes of this project will inform the future development of the Facilitating Partner role.

This chapter reviews:

- stakeholder support for the requirement for Facilitating Partners to play a strategic and facilitative role only
- transition from service delivery
- service coordination, collaboration and referrals
- Facilitating Partner capability
- support accessed by Facilitating Partners.

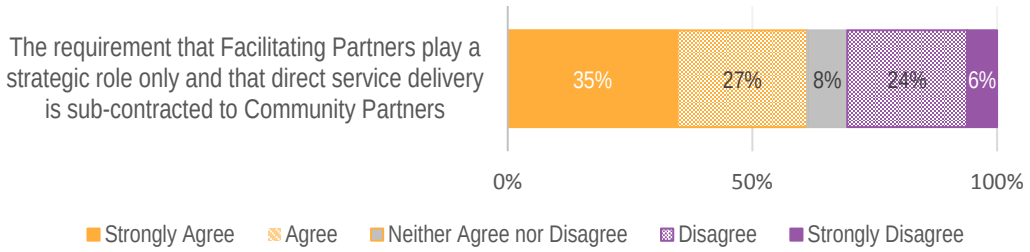
[5] Communities for Children Facilitating Partner Operational Guidelines September 2014

4.2 Findings

4.2.1 Stakeholder support for the requirement

This review has found that there is overall support for Facilitating Partners to focus on having a strategic and facilitation role only, noting that some were already only undertaking the strategic and facilitation role before 2014. Most Facilitating Partners (62 per cent) supported the introduction of the requirement (Figure 4.1)

FIGURE 4.1 FACILITATING PARTNER SUPPORT FOR THE REQUIREMENT TO PLAY A STRATEGIC ROLE ONLY



SOURCE: ACIL ALLEN CONSULTING 2016; FP N=49

However, concerns were raised during consultations (primarily by a minority of Facilitating Partners who previously delivered services) that the requirement could mean a loss of connection to families and communities and made it difficult to retain their expertise in service delivery to support Community Partners.

4.2.2 Transition from service delivery

Most Facilitating Partners have transitioned to a non-service delivery role. Of the 49 Facilitating Partners who responded to the survey, seven reported that they were still delivering services themselves. It is worth noting that a significant number of Facilitating Partners were not delivering services directly before the reforms and so have not been impacted by the requirement.

Facilitating Partners had differing experiences in transitioning from service delivery. However, the main reasons given as to why Facilitating Partners were still delivering services was the difficulty in finding suitable partners who had the appropriate skills, staffing, and community connections to deliver services. One Facilitating Partner found that the practical challenges of transitioning from direct service delivery were:

- ensuring that the transition would not disrupt services
- finding an appropriate Community Partner to take on the existing service
- maintaining the quality of a longstanding service that had been provided to the community.

Grant Agreement Managers gave examples of how some Facilitating Partners 'rose to the challenge' of upskilling a suitable Community Partner and successfully transitioning the service, growing both the capacity of the provider and themselves.

Local stakeholders indicated that tightening the focus on the strategic and facilitation role had:

- improved capacity to make connections
- given Facilitating Partners greater legitimacy when engaging with other providers on strategic planning
- mitigated conflicts of interest in the selection of programs and awarding of contracts.

It was expected by the FP that the CfC FP would have as a major outcome the fostering of collaboration and partnerships… it is good for people to be reminded of that occasionally.

Community Partner

Working collaboratively becomes easier the more you do it, as you can see the benefits. An in-home child education program was set up this year, though it is outside CfC, it would not have happened without the connection occurring.

Community Partner

The FP has a number of roles – coordinating, managing, governance, committee meetings, membership coordination, coordination of funding, set up process to continue with panel members, and moderates a second panel as a second stage of input into decision making processes. They are one voice in the decision making process – decision making is collective. Note that [a large proportion] of [site] funding goes towards direct delivery activities, this is a significant investment and they want to ensure community buy in.

Facilitating Partner

Our organisation strongly believes that the facilitating role is important as it enables objectivity and credibility within communities to create system linkages.

Facilitating Partner

4.2.3 Service coordination, collaboration and referrals

Service coordination and collaboration

Our review found that an important effect of Facilitating Partners taking on a facilitation and strategic role only has been to provide more coherence and coordination of services.

Over 90 per cent per cent of Facilitating Partners reported liaising with other Facilitating Partner organisations outside of their site. Several sites visited had a strong relationship with Facilitating Partners in adjacent sites, which lent itself to opportunities for shared resourcing, joint planning and design of services (see Figure 4.2) These 'networks' were considered invaluable in sharing updates about the program, experience and expertise.

Similarly, Community Partners on the whole perceive improvements in collaboration and coordination of CfC FP services within their sites, with 83 per cent agreeing or strongly agreeing that this was the case (see Figure 4.2).

They've built the interconnectedness into everything they have done. They hold a lot of regular events that people are expecting them to do now, which bring people together.

Community Partner

They have enhanced relationships between services to a point and there is a closer relationship with the Local Health Districts. I would like to see more collaboration but there is definitely an improvement.

Community Partner

I see a role for some direct service delivery [but] I am very pleased that at least they can find and source programmes that I need. I don't have anyone else who is going to connect me with additional counselling or whatever, so yes it does complement the services. The FP is very useful in trying to find out about basic things around rent assistance.

Community Partner

Referral pathways

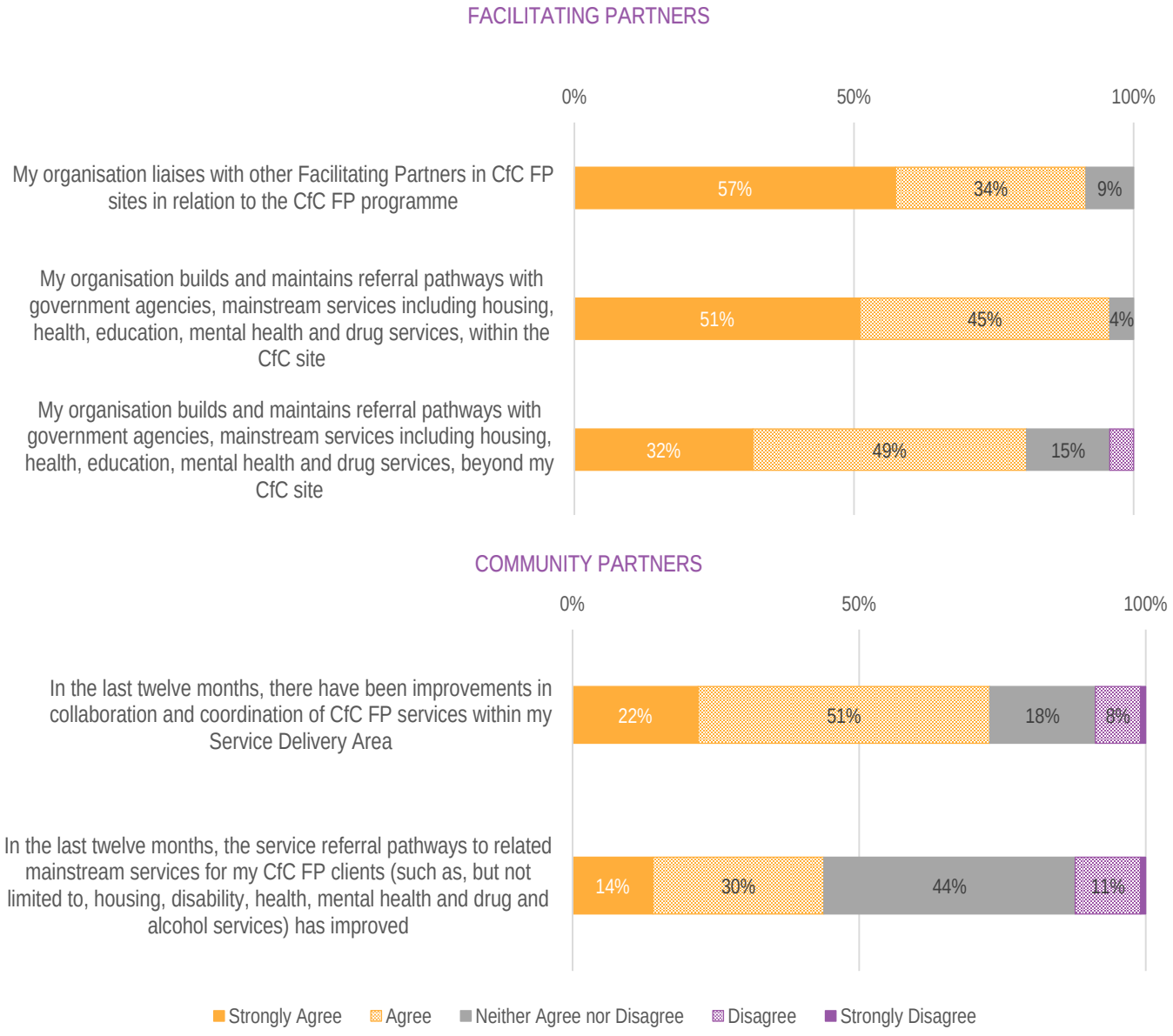
Many of the Facilitating Partners that participated in the online survey reported that their organisation builds and maintains referral pathways within (96 per cent) and outside (81 per cent) of their CfC FP

site (see Figure 4.2).This was supported by feedback from the various stakeholders in site visits including Community Partners and other services providers.

However, a large proportion of Community Partner (44 per cent) respondents were unsure whether service referral pathways had improved within their sites. Based on the information received from survey feedback and consultations, there does not appear to be an obvious explanation as to why. Feedback from Community Partners and other stakeholders in site visits indicated that one of the benefits of the CfC FP Committee was becoming aware of the different services and developing referral pathways in the local area.

A view was also expressed that the introduction of evidence-based programs may have impacted on referral and service interlinkages in some sites due to the introduction of what may have been new programs. This may be caused by old programs no longer being funded and newer programs being introduced to the local service system taking time to be integrated.

FIGURE 4.2 FACILITATING AND COMMUNITY PARTNERS SURVEY — SECTOR LINKAGES



SOURCE: ACIL ALLEN CONSULTING 2016; FP N=47;CP N=114; MAY NOT SUM UP TO 100 DUE TO ROUNDING

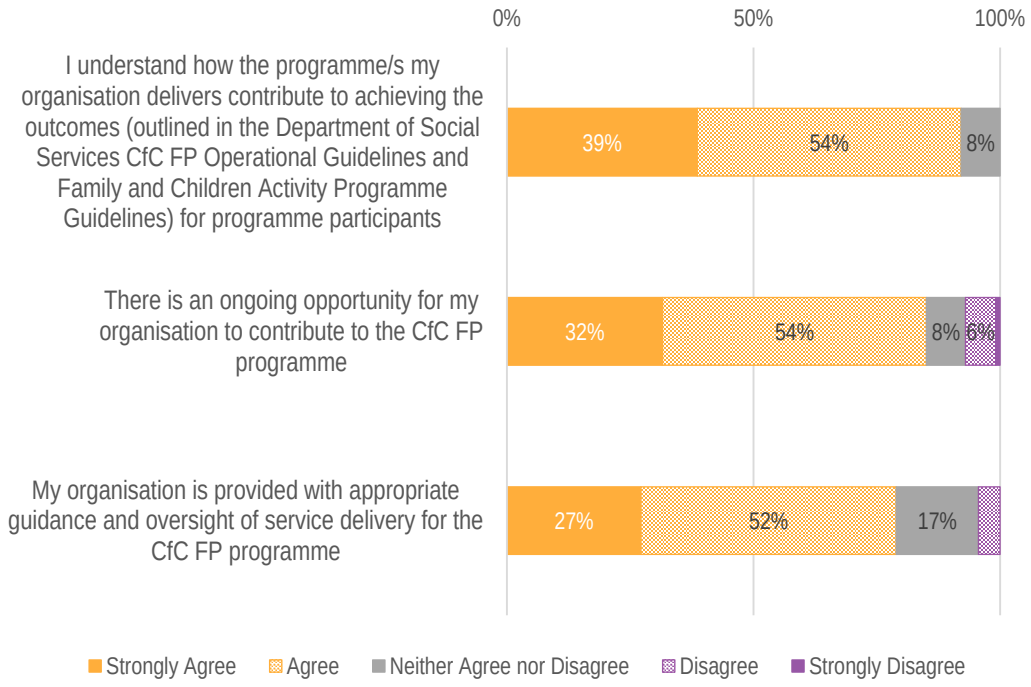
4.2.4 Creating strategic service delivery in local communities

Our review found evidence that many Facilitating Partners are engaging productively with the Community Partners and other community stakeholders to identify and continually build support for a shared vision of service delivery and priority areas of action. This is based on the Community Partner survey responses on their perceptions:

- of their level of understanding of CfC FP program outcomes and how their activities contribute to this
- of opportunity for their organisation to contribute to the program
- improvements in collaboration and coordination of CfC FP services within the last 12 months
- the guidance they have received in relation to the delivery of the CfC FP program.

The positive feedback on the Facilitating Partners provided by Community Partners and other stakeholders (Committee members, parents and caregivers, other service providers, and representatives of other government departments) during site visits is similarly another indication of the strong relationship between Facilitating Partners and their local community.

FIGURE 4.3 COMMUNITY PARTNERS SURVEY — OVERALL IMPRESSIONS



SOURCE: ACIL ALLEN CONSULTING 2016; N=114; MAY NOT SUM UP TO 100 DUE TO ROUNDING

Facilitating Partners are responsible for building the capacity of Community Partners, the Committee and the sector more generally. The review found that Facilitating Partners were valued by stakeholders for:

- providing support in relation to interpreting some of the reform requirements (e.g. evidence-based criteria)
- fostering connections amongst service providers
- enhancing collaboration between different service systems
- sharing information and knowledge.

For this site, because the Facilitating Partners have always been open to listening to other groups so not much has changed. However, there is better capacity to hone in on gaps and fine tune what Community for Children has been doing. It is good that now other organisations realise they are not 'standalone' and working toward same goal.

Committee Member

Assuming a lead role legitimises and gives context. Bringing greater coherence to the programs. Strategy and engagement plan around those activities. More strategic in planning of activities and services. For example, collecting data at the program level. That's where not a lot of services are at.

Facilitating Partner

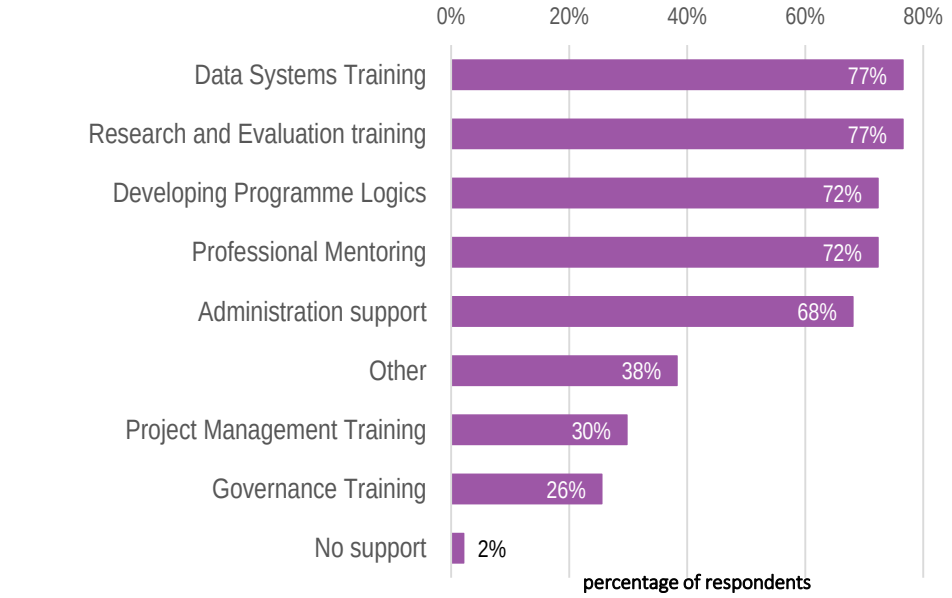
There has been improvement in undertaking shared planning with other service providers. What is important that systems are created to ensure these improvements are not reliant on individual relationships.

Facilitating Partner

Community Partners are generally satisfied with the guidance and oversight of the CfC FP and understand how their programs contribute to achieving the overall outcomes for the CfC FP program. They also considered that there are ongoing opportunities for them to contribute to the program (see Figure 4.3).

A majority of Facilitating Partners have undertaken activities to build the capacity and capability of the Community Partners in their site. Primarily, this has centred on research and evaluation training, program development (developing program logics), data systems training and professional mentoring (see Figure 4.4)

FIGURE 4.4 FACILITATING PARTNERS SURVEY — SUPPORT PROVIDED TO COMMUNITY PARTNERS



SOURCE: ACIL ALLEN CONSULTING 2016; N=47; MULTIPLE RESPONSES ALLOWED; OTHER INCLUDES RESULTS BASED ACCOUNTABILITY AND AD-HOC SUPPORT

4.2.5 The capability of Facilitating Partners

Through our review, it became clear that the skills and capabilities of Facilitating Partners need to be cultivated to meet the changing requirements of the role.

The current key responsibilities of Facilitating Partners are:

- engaging with the local community to identify and continually build support for the shared vision and priority areas of action
- convening and strategically managing a CfC Committee with broad representation from their community
- funding of early intervention and prevention services
- capacity building for Community Partners, the CfC Committee and the sector more generally
- building linkages and networks to support referral pathways that ensure children and families get the support they need
- analysing data and other information to determine whether they are achieving outcomes in their priority areas and make adjustments if required.

Stakeholders considered the important characteristics of successful Facilitating Partner organisations included:

- having strong support mechanisms for frontline staff
- having good organisational practices including governance, contract management and monitoring
- having the ability to support and build capacity of the service system
- being large enough to absorb staffing turnovers and maintaining corporate knowledge.

As indicated earlier, the review found that the majority of Facilitating Partners are productively engaging with stakeholders in their CfC FP site. Stakeholders emphasised how important it was to have the 'right person' with the right set of skills in the role to ensure success as well as access to appropriate training and support.

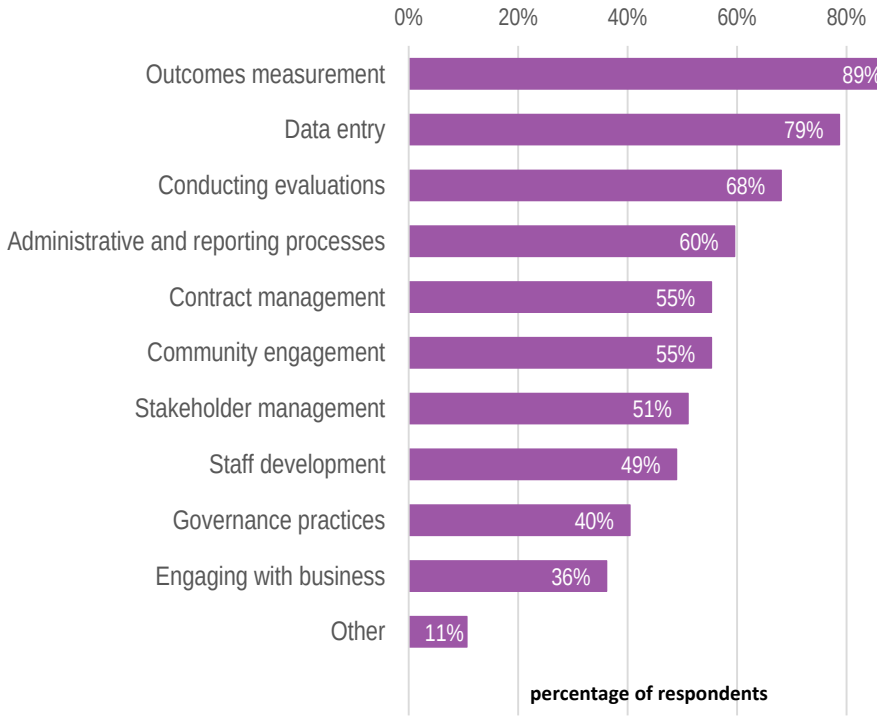
Some Grant Agreement Managers indicated that the skills and expertise of organisations to undertake the Facilitating Partner role varied. Facilitating Partners who had transitioned from service delivery roles indicated that they had to 'pick up' new skill sets post the 2014 reforms. We also found in our site visits that Facilitating Partners have take different approaches and use different capabilities in implementing the reforms, for example, experience and confidence in growing evidence-based program delivery.

4.2.6 The focus of Facilitating Partners

Our review found that at this stage of implementation of the 2014 reforms, the major areas of focus for Facilitating Partners are outcomes measurement, data entry, conducting evaluations, and administrative and reporting processes. The focus on these areas most likely reflects the timeline for meeting the evidence-based requirements as well as issues related to the introduction of the DEX which are detailed further in Chapter 8.

Facilitating Partners are also placing significant emphasis on community engagement (55 per cent), contract management (55 per cent), and stakeholder management (51 per cent) which are activities that support their strategic and facilitation role (see Figure 4.5).

FIGURE 4.5 FACILITATING PARTNERS SURVEY — AREAS OF EMPHASIS SINCE REFORMS



SOURCE: ACIL ALLEN CONSULTING 2016; N=47; MULTIPLE RESPONSES ALLOWED; OTHER INCLUDES CAPACITY BUILDING FOR CP

4.2.7 Facilitating Partner access and reporting to DEX

Under current DEX reporting arrangements, data can only be accessed by the organisation that directly enters the data for the services into DEX.

There was significant concern expressed by stakeholders that because Community Partners often enter data directly into DEX this meant that Facilitating Partners were unable to access DEX data for services delivered in their site. While Community Partners can provide this report to Facilitating Partners, this is reported as inhibiting the Facilitating Partners:

- monitoring and understanding of Community Partner service delivery outcomes
- capacity to support Community Partners
- capacity to use the dataset to inform ongoing operation and development of the site.

Our review found that local (and in the case of an organisation with more than one site, national) solutions were being put in place to circumvent the lack of access by Facilitating Partners.

Another issue raised by Grant Agreement Managers, Facilitating Partners and Community Partners was that there is no avenue for Facilitating Partners to report on their activities through DEX. Stakeholders indicated that this was a significant omission and that it would be of benefit to the Department, the Facilitating Partners and their stakeholders that Facilitating Partners have some way of reporting on their activities. The Department has subsequently advised that amendments have been made to DEX to include reporting on the Facilitating Partner role. However, we understand that this will provide minimal information.

4.2.8 Impact of being a part of a larger organisations

Our review found that the way a CfC FP site operates may be influenced by whether it is part of a larger organisation and whether the organisation hosts more than one CfC FP site.

The impact appears to differ across sites, however, some key themes and differences observed throughout the review have been:

- the CfC FP site often operated within the broader philosophy of the organisation, for example, the organisation's approach to evidence-based service delivery
- the larger organisations provided professional and organisational support, for example, developing standard approaches to reporting
- the creation of networks between Facilitating Partners, informally and formally, within larger organisations.

4.2.9 Support accessed by the Facilitating Partners

Our review found that there is variable access by Facilitating Partners to supports from different sources, including Grant Agreement Managers, CFCA and the Industry List.

While some Facilitating Partners praised the support they receive (such as those provided by CFCA), other Facilitating Partners seemed unaware of supports available. Around 60 per cent of Facilitating Partners reported receiving support and guidance from their Grant Agreement Managers (Figure 4.5) in relation to developing and implementing evidence-based programs. Facilitating Partners highlighted the important role of Grant Agreement Managers in solving problems and facilitating interpretation of policy and program directions.

Our review found that a set of networks have evolved that provide Facilitating Partners with support and assist with problem solving. Some of these networks have been established by organisations that host a number of Facilitating Partners, others have developed within the jurisdictions with the support of the Grant Agreement Managers and others have evolved between adjacent sites as identified earlier in this Chapter.

Suggestions by Facilitating Partners on the types of support that could assist their organisation build capacity and create sector linkages included:

- DEX-related training
- outcomes measurement training, including understanding alignment between standardised tools and DEX platform
- program evaluation training
- asset-based community development training
- stakeholder management training
- department representatives attending CfC Committee meetings
- whole-of-program conferences
- networking opportunities.

SUMMARY OF KEY FINDINGS – THE ROLE OF FACILITATING PARTNERS

- The majority (62 per cent) of Facilitating Partners agreed or strongly agreed with the reform to ensure Facilitating Partners play a strategic and facilitation role only
- Seven Facilitating Partners reported that they were still delivering services
- The role of Facilitating Partners is valued by Community Partners and other stakeholders
- There have been improvements to collaboration and coordination of local services
- More in-depth reporting and monitoring is needed to fully capture outcomes from the Facilitating Partner role.

4.3 Recommendations

Facilitating Partners are instrumental to the success of the CfC FP Program in contracting positive outcomes for children and families in disadvantaged communities throughout Australia.

The recommendations to contribute to the Facilitating Partners capability to undertake this role include:

1. Define the role of the Facilitating Partners going forward and the skill and expertise they require

   The skills and experience required for the Facilitating Partner role are not clearly articulated, noting that that these capabilities and focus of the role may be different in different sites and are likely to change over time as the CfC FP Program evolves.

   A review of the role and skills required to undertake the role well should be undertaken in consultation with stakeholders including with Grant Agreement Managers and Facilitating Partners.

2. Develop a training and support strategy for Facilitating Partners

   The PIR indicates there are varying capabilities between Facilitating Partners and varying access to support.

   The development of a training support strategy by the Department is recommended to assist Facilitating Partners to know which training they should access to develop the needed skills required for the role. This would be further to clarifying the role of the Facilitating Partner and the requisite skills and expertise required. The strategy would be supported by detailed assessment of the skillsets of Facilitating Partners against the requirements of the role.

3. Develop collaborative relationships between Facilitating Partners

   As raised in Chapter 3, a national Facilitating Partner Forum (with a Facilitating Partner representing each jurisdiction) could enhance the outcomes of networks that have already evolved, provide a robust source of advice for the Department and be a structured pathway for leveraging infrastructure, program development and practice across sites. In addition, national and jurisdictional conferences/forums could be used to explore innovative practice across sites. This could include establishing an online community of practice.

4. Enable Facilitating Partners access to CfC FP site program reporting

   Facilitating Partner access to the DEX data system for Community Partner services will enhance the Facilitating Partners accountability and capability to deliver outcomes from their CfC FP site. The Department has indicated that they are exploring options to enable Facilitating Partners access, acknowledging that Facilitating Partners from smaller organisations may require additional support.

5 COMPOSITION OF COMMUNITIES FOR CHILDREN FACILITATING PARTNERS COMMITTEES

This chapter examines progress in implementing the 2014 reform regarding the composition of the CfC FP Committees through an analysis of key findings from stakeholder consultation and surveys.

5.1 Introduction and background

CfC Committees (the Committees) have been a component of the CfC FP Program since its inception in 2005 and act as a mechanism for community consultation and service coordination. Facilitating Partners are responsible for establishing and maintaining their site Committee.

The Committees are required to reflect the characteristics of the local CfC FP site and include stakeholders from a number of sectors. The 2014 reforms sought to reinforce the need for wide representation and community engagement by requiring the membership to include:

- clients
- parents and caregivers
- local businesses
- local service providers including Community Partners, and other non-government organisations that deliver children's services, family support services, adult services as well as schools, preschools and health providers.

Focus was also given to engaging representation from Aboriginal and Torres Strait Islanders and people with culturally and linguistically diverse communities. Involvement by state and territory, local and other Australian Government departments was also encouraged, albeit in an advisory capacity.

This chapter reviews:

- the extent of representativeness across different CfC Committees, both in terms of demographics and skills and experience of CfC members
- the degree of engagement by CfC Committees in the planning and design of services
- ongoing challenges to achieving and maintaining representation from a broad range of CfC Committee members, including parents and caregivers.

5.2 Findings

5.2.1 Composition of Committees

Our review found that the reform to the composition of Committees was well supported and CfC FPs generally meet the Program requirements.

The overwhelming majority of Facilitating Partners supported the requirement to broaden the membership of CFC Committees (82 per cent agree or strongly agree in the survey).

Key findings provided by Facilitating Partners in their survey response (see Figure 5.1) in regard to the composition of the Committees include:

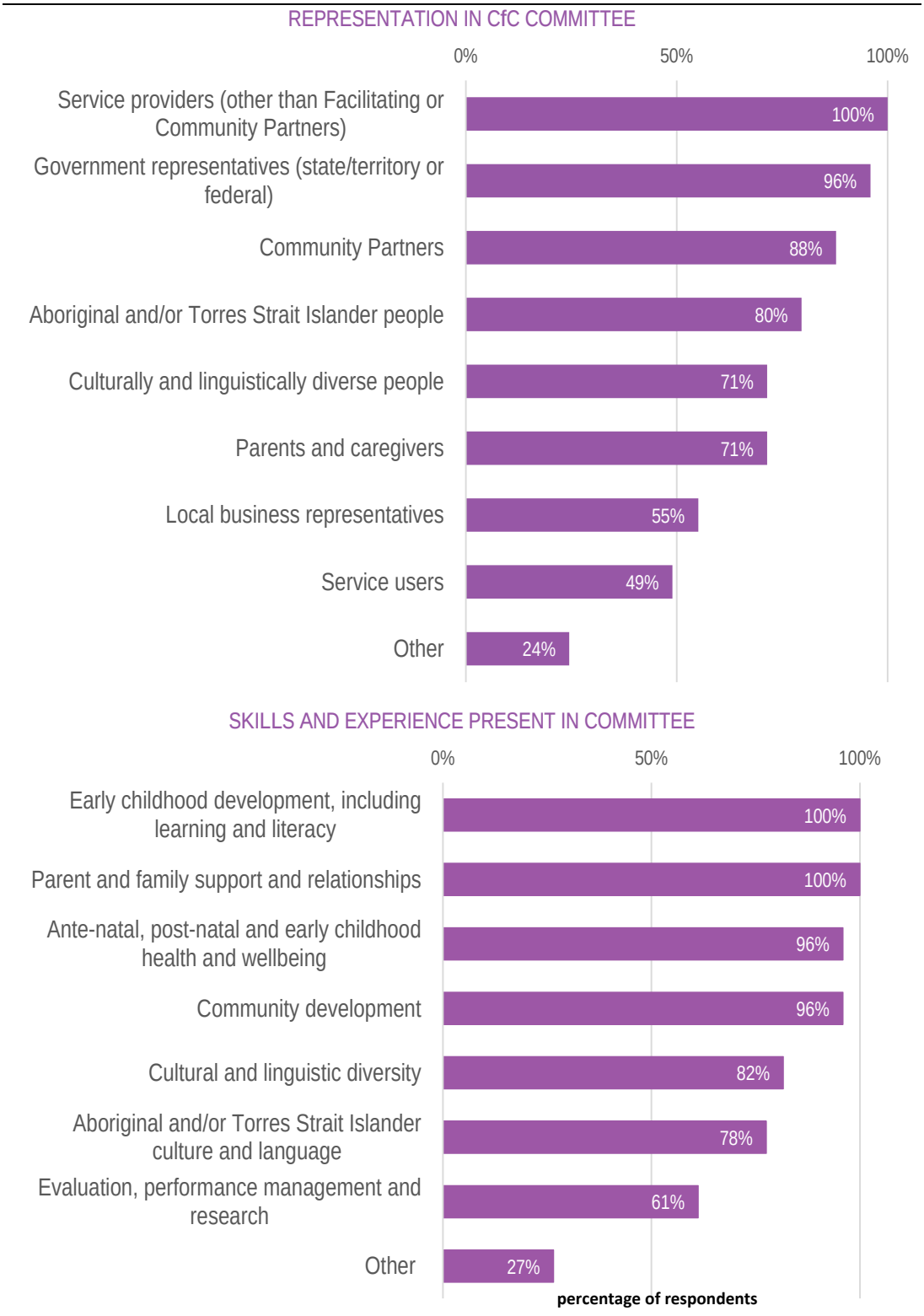
- most Committees include government representatives, Community Partners, Aboriginal and/or Torres Strait Islander peoples, culturally and linguistically diverse people, and parents and caregivers
- all Committees include service providers other than Community Partners
- just over half of Committees included a local business representative.

Most Facilitating Partners (55 per cent) consider it difficult to find suitable Committee members to ensure a cross section of community representation as discussed overleaf (see Figure 5.2). Facilitating Partners commented on the challenges relating to the Committee's membership, including difficulty in recruiting and maintaining Committee members, and time poor and overwhelmed Committee members, especially in remote areas. In particular, it is difficult to attract and maintain engagement by clients, parents, caregivers and business representatives.

5.2.2 Skills and experience of Committee members

Most Committees had a broad range of the required skills and experiences, most prominently in early childhood development (100 per cent), parent and family support (100 per cent), ante and post-natal child health and wellbeing (96 per cent) and community development (96 per cent). A smaller percentage of respondents reported their Committees as having CALD and Aboriginal and Torres Strait Islander cultural and language skills (82 per cent and 72 per cent respectively (see Figure 5.1). Evaluation performance management (61 per cent) is the least represented area of expertise in the Committees.

FIGURE 5.1 FACILITATING PARTNERS SURVEY — COMPOSITION OF CFC COMMITTEES



SOURCE: ACIL ALLEN CONSULTING 2016; N=49; MULTIPLE OPTIONS ALLOWED

Engaging parents and caregivers on Committees

The objective of engaging parents and care-givers in the Committees is consistent with ensuring that service delivery is client-centred and outcome focussed. Stakeholders have identified the importance of productively engaging parents and caregivers to ensure that services developed and delivered 'make sense' and meet the needs of the local community.

Our review found a number of instances of productive engagement with parents and caregivers on Committees. There are examples of parents who have co-chaired Committee meetings, with support provided by the Facilitating Partner. One parent was part of the tender panel selecting services for the site. However, the practical challenges in engaging and maintaining participation of parents and care givers in Committees was acknowledged. Feedback from site visits identified time constraints and the capacity of parents to understand and engage in discussions as key factors.

I have noticed some struggles getting parents to consistently participate in the committee. It comes down to time constraints – if you think about it we're working and we have children with high needs. I have seen parents come in and out but limited numbers consistently in attendance. My Facilitating Partner is flexible and understanding.

Committee member

It would be nice to see more parents come consistently, because I'm only one person. What works for my family might not work for other families. And for parents who aren't familiar with the sector, this can be very overwhelming – new terminology etcetera. It could be why some parents disengage – I think it would be better if parents could just be involved in commenting on services in practice.

Committee member

Some Facilitating Partners have attempted to mitigate these factors by scheduling meetings and agenda well in advance and building the capability of these parents to participate, for example, by discussing the meeting agenda beforehand. There have also been suggestions for other means of engaging parents, such as surveys and involvement in Committee sub-structures.

There are different ways of participation, having one or two parents on a committee doesn't mean those parents represent the views of the committee. It can become tokenistic. We'd prefer the idea of layers of participation and have a strong level of participation in how the services are delivered rather than having parents with a seat at the table.

Facilitating Partner

We had a number of engaged parents in the Committee, but the view was that the forum would be intimidating and we decided to engage parents through other community engagement processes. They recently had a community consultation process where surveys were sent to community (including parents). We thought that this was a more appropriate approach then adding token parents to the Committee.

Facilitating Partner

Engaging local business

The Facilitating Partner survey shows that local business is not as well represented on the Committees as other stakeholders, with only 55 per cent of respondents reporting representation by local business (Figure 5.1). The engagement of local business members varies between sites, and appears dependent on the Facilitating Partners' approach, effort and entrepreneurialism and the local business member's understanding of the CfC FP initiative and what contribution they can make. Some Facilitating Partners reported that local business members would attend for a few meetings and then disengage, while others provided examples of members providing resources, soft entry points and fund raising opportunities for the CfC FP site.

Facilitating Partners have also engaged with local businesses outside of the Committee structure and Facilitating Partners reported regularly attending local Chamber of Commerce meetings and forums.

5.2.3 Operation of Committees

The CfC Committees are central to the success of Facilitating Partners' role. Our review found that there is significant variability in the size, composition and operation of the Committee across the CfC FP sites which appears to reflect local service delivery contexts, maturity of the Committee and capacity and preferences of the Facilitating Partner.

The location of sites can mean specific challenges regarding membership, for example, remote sites often have to rely on the same local stakeholders who are stretched across numerous different initiatives, while sites in urban and large regional areas may be quite large to encourage a truly representative cross section of members and accommodate connections between service providers.

We found that there is variability in the governance arrangements across sites. For example, some Committees have sub-committees whereas others have a single Committee, and some Committees are flexible about attendance whereas others are more stringent in their requirements. Feedback indicates that Committee support such as provision of agendas and minutes is variable. Some stakeholders in the site visits considered that there is a lack of clarity about the role of the Committee.

The CfC FP committee is a major contributor to a whole of community collective impact approach within our community and regularly provides input and coordination of community consultation to inform current and future directions for families and children.

Community Partner

Since its inception the CfC FP Committee has been fraught with difficulties, staffing changes, sacking of staff, and little knowledge of the local community or issues. The change in strategic direction to a more education focus in funding was not at the direction of the committee. A lack of consultation with community saw many leave the committee. Services only attend the Committee meetings when funding rounds come up.

Community Partner

The CfC FP Committee has been flexible recognising the different strengths and priorities of each organisation and enabling us to participate and contribute while developing a strong and trusting partnership.

Community Partner

The CfC FP Committee are very helpful and supportive. They allow the Community to be placed first and allow our decisions on events to be a priority of our community's needs, which is really important for remote communities that function differently to other communities.

Community Partner

Facilitating Partners considered the establishment and the operation of CfC Committees as important to ensuring community-focused and community-building service delivery and it appears that significant effort is put in by most Facilitating Partners to sustain and grow the Committee capability and role.

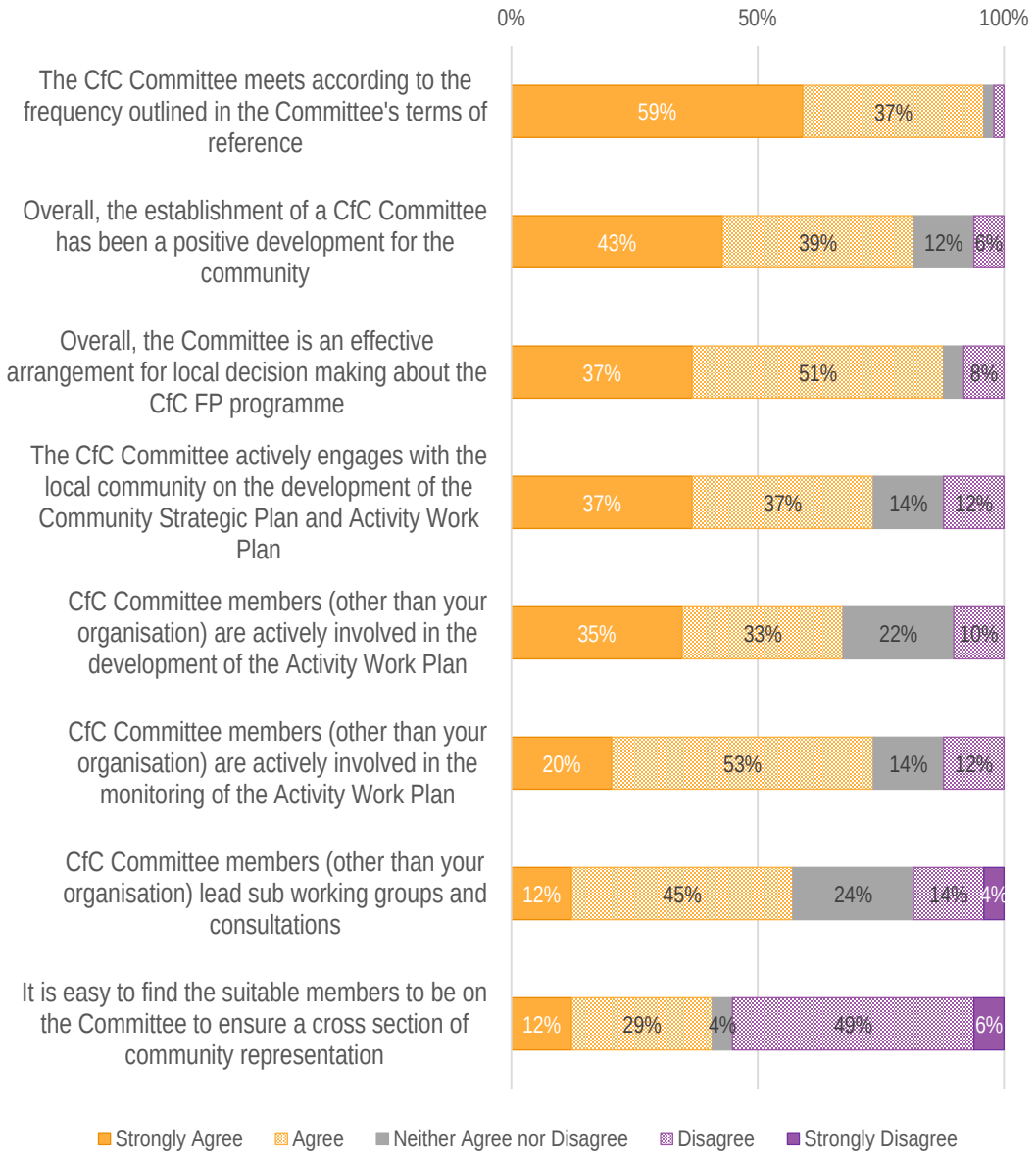
Facilitating Partners were positive about the operation of the Committees (see Figure 5.2) including:

— Committees have been a positive development for the community

— they have been an effective arrangement for local decision making about the CfC FP program.

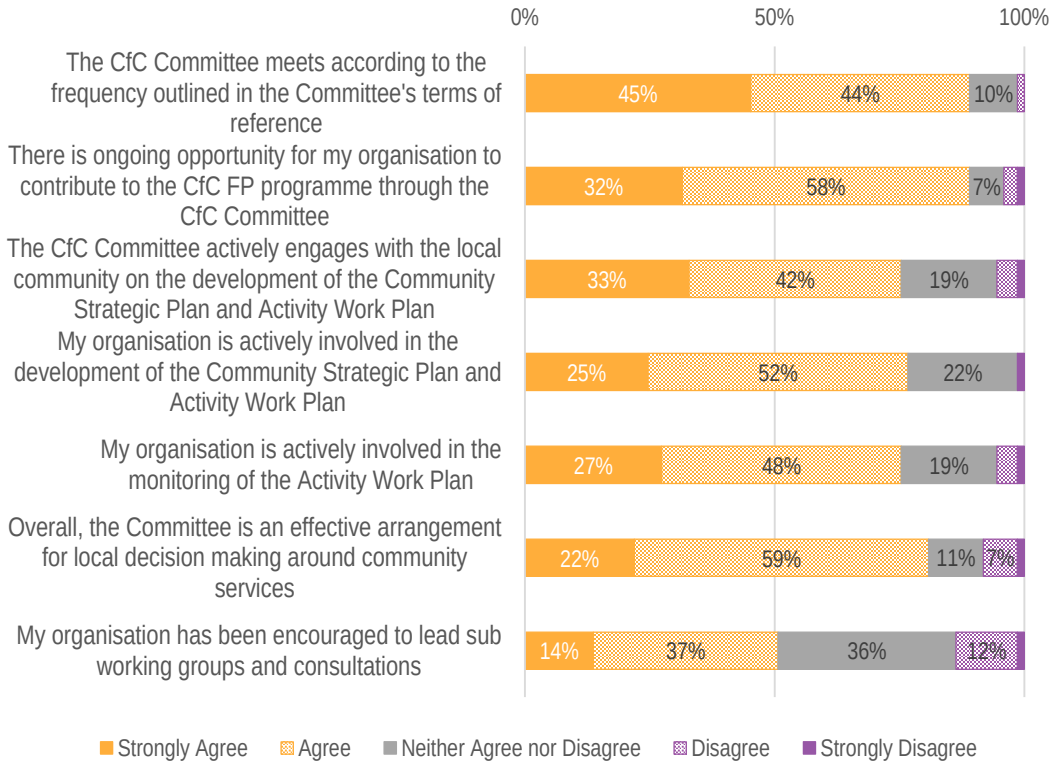
Community Partners had overwhelmingly positive views of the Committees, particularly about the Committees' focus on communities and for providing opportunities to connect with other organisations (see Figure 5.3). The overwhelming majority (90 per cent) agree or strongly agree that there is an ongoing opportunity for their organisation to contribute to the CfC FP program through the Committee.

FIGURE 5.2 FACILITATING PARTNERS SURVEY — PERCEPTIONS ON THE OPERATION OF CFC COMMITTEES



SOURCE: ACIL ALLEN CONSULTING 2016; N=49; MAY NOT SUM UP TO 100 DUE TO ROUNDING

FIGURE 5.3 COMMUNITY PARTNERS SURVEY — PERCEPTIONS ON THE OPERATION OF CFC COMMITTEES



SOURCE: ACIL ALLEN CONSULTING 2016; N=73; MAY NOT SUM UP TO 100 DUE TO ROUNDING

SUMMARY OF KEY FINDINGS - COMPOSITION OF CFC COMMITTEES

- The majority (82 per cent) of Facilitating Partners agree or strongly agree with the reform (broadening representation of CfC Committees)
- Most CfC Committees have other government, Community Partner and non-Community Partner and Aboriginal and Torres Strait Islander and CALD representation. There is a more modest representation of parents and care-givers, and local business
- Most Facilitating Partners (55 per cent) consider it difficult to ensure a cross section of community representation
- There are various CfC Committee structures and governance across sites
- Most Community Partners consider the CfC Committee as an effective arrangement for local decision making around community services
- There are practical challenges in engaging and maintaining the participation of parents, care givers and business representatives in the CfC Committees

5.3 Recommendations

The CfC FP Committees are the mechanism for community consultation and service coordination for the CfC FP sites. The recommendations for the improving their operation include:

1. Provide support to Facilitating Partners related to governance

   By necessity and design, there is variability between different CfC FP Committees. However, clearer guidance and support for Facilitating Partners in their responsibility for the overall facilitation and management of the Committee would assist in reform. This support should include:

   — the development of guidelines on the operation of the Committees including basic minimum standards. These guidelines should be co-designed with DSS and Facilitating Partner representatives

   — sharing learnings and best practice across sites through various channels including the recommended national forum of Facilitating Partners

   — clear communication about the advisory role of the Committee. This could be through revision of the Communities for Children Facilitating Partner Operational Guidelines and broader communication strategies.

2. Develop strategies for engaging parents and caregivers

   Engaging parents and carers is important to the development and implementation of services that meet the needs of local communities.

   However, the barriers to engagement are often difficult to mitigate and different strategies are needed to include their perspective and avoid tokenism. For example, convening focus groups instead of requiring regular attendance.

   Sharing learnings, best practice and developing different and innovative approaches to engaging parents and caregivers should be included as part of broader communication and networking strategies including the proposed National Facilitating Partners Forum.

   It is understood that a Facilitating Partner is undertaking a project around supporting the engagement of parents and carers in the Committees. This project could be used to inform the broader sector.

3. Develop strategies to engage local business

   Increasingly, government and non-government sectors are encouraged to grow relationships and partnerships with the business sector. We heard from Facilitating Partners about the benefits in engaging with local businesses such as holding CfC FP site programs and fund raising events at a local business site and local business providing services to program clients on site and at cheaper rates.

   Sharing learnings, best practice and developing different and innovative approaches should be included as part of broader communication and networking strategies including the proposed National Facilitating Partners Forum.

6 SUPPORTING SCHOOL TRANSITIONS AND ENGAGEMENT

This chapter examines progress in implementing the 2014 reform objective of supporting school transitions and engagement through an analysis of key findings from stakeholder consultations and surveys.

6.1 Introduction and background

The CfC FP sites have had significant interactions with school and early childhood education systems since inception, and the 2014 reforms formalised the focus on school transition and engagement as an explicit objective.

Specifically, the CfC FP is required to "support children and families to make a smooth transition to school and work with local schools to assist children and families with their ongoing engagement with school." Facilitating Partners were required to establish and maintain working relationships with schools and preschools, as well as involving school representatives in CfC FP Committees.

This chapter examines the implementation of this new objective, and reviews:

- Facilitating and Community Partner support for this objective
- the types of strategies and activities being adopted by CfC FP sites to support school transitions and engagement
- the degree of linkage that CfC FP have with schools and early childhood education
- challenges to the implementation of these objectives including engaging with disadvantaged groups and evidence of unmet demand for school transition and engagement services for some cohorts.

6.2 Findings

6.2.1 Support for the requirement

Our review found that Facilitating Partners support the introduction of the objective of supporting school transition and engagement more than any other change introduced to the CfC FP program in July 2014. An overwhelming 98 percent of respondents agreed or strongly agreed with the introduction of this objective.

Facilitating Partners and Community Partners also reported strong relationships with local schools, child care and kindergartens (see Figure 6.1) with most Community Partners providing services that support school transition and engagement (80 per cent of respondents). This was also evident in the site visits, where strong relationships between local schools were in place, either formally through the Committee and/or through the provision of services to the school via the CfC FP site.

The focus of feedback from stakeholders regarding supporting transition to primary school was on services such as playgroups in school and other community settings, with little focus on pre-school.

6.2.2 Strategies used to support school transitions and engagement

Many of the CfC FP sites were already delivering programs aimed at increasing school transition and engagement before the 2014 reforms were introduced. Most Community Partners report being actively involved in developing strategies to support school transition and engagement and there is a reported increase in the past 12 months in the number of service recipients and services related to the objective (see Figure 6.1). During consultations, we observed a number of strategies being adopted in sites, including:

- early reading and pre-literacy programs
- speech pathology
- language programs
- social skills development programs
- school breakfast programs
- intensive supportive placement schemes.

There is a strong focus on early learning and transition to primary school as a lot of children don't attend pre-school.

Committee Member

There is a holistic approach that is based on a solid foundation, quality staff and relationships with partners. It can be personality driven. Schools and partners work together to make referrals. Play groups are run in the school holidays and more community settings are being established. Services are working to create non-threatening approaches to 'capture' parents.

Community Partner

We have one programme that has been funded by CfC FP since 2011. The programme was originally around early literacy and readiness for school with a focus one on one with families. The programme has worked through other partners, CPs, maternal and child health, family services to get families referred into the programme. The programme mentors families in relation to early literacy and how to use books to engage with their kids.

Community Partner

In our site there are many children coming through with little social skills and programmes (like PALS) is valuable to getting them ready for kindy. It teaches basic things like pencil grip, how to follow instructions, and I have certainly seen first-hand the impact it has had on the kids coming through.

School Principal

Great initiative is the school transition and engagement because that's a huge portion of our program. We have launched a pre-literacy program. We also link with another organisation we're hoping to build on the link there to support transition across. There is a huge push to coordinate services and to bring us together more. I know that they've linked up with local primary schools.

Community Partner

In our site there is not a single program that doesn't deal with transitions and school attendance in some way.

Community Partner

6.2.3 Linkage with the education sector

Our review found that the CfC FP Program has a strong relationship with the education sector at both an operational and strategic level.

Early childhood services, such as playgroups and social skills programs, are being delivered on school grounds and strong relationships between the CfC FP and local schools were evident in the

site visits. All stakeholders reported on the benefits of having mutual linkages between the CfC FP Program and schools.

The working relationships with schools vary. For example, a CfC FP site was located on the school grounds which enabled the Facilitating Partner and the school principal to problem solve on a regular basis (and spontaneously if needed). The Facilitating Partner was well positioned to 'marshal' resources from the CfC FP and other service providers to provide solutions while also providing services located in other schools.

A school principal at another site strongly advocated for the need for a permanent presence of the Facilitating Partner organisation at the school to provide awareness of the CfC FP services and provide soft entry points for parents. However, this is not practical across all sites, particularly those with multiple schools in the area, and within the existing program funding. One site reported the loss of close relationships with schools where direct funding to schools had ceased.

Stakeholders also reported on the relationships established between representatives from the education sector and organisations involved in the CfC FP program. At several sites, education issues were prominent on CfC FP Committee agenda as well as the representation of schools (including principals and school counsellors) on Committee meetings.

Strategic linkages are also in place with the state education sector, with some Facilitating Partners reporting that they regularly liaise with the state education department centrally as well as at a local level. Grant Agreement Managers also reported that they liaise with state education departments including as members of state committees. However, the extent of these linkages is not known.

6.2.4 Engaging with disadvantaged groups

Our review found that a strong focus for many sites was engaging with disadvantaged groups – particularly the "hard to reach" groups. A common challenge faced by CfC FP sites is identifying families with school aged children, particularly where many are not *"showing up to the school gates"*. The challenges appear to be more acute where there are high levels of transient populations and new groups of people coming to local areas.

We found that sites have adopted a number of strategies aimed at providing 'soft entry' points for parents to be engaged with school transition services. These were often very innovative and developed in consultation with a number of stakeholders including the communities themselves. Examples of strategies include:

- building and strengthening referral networks within the site, so that service providers who identify relevant families can refer them to appropriate transition services
- having a visible presence in public areas where parents are known to congregate
- locating other services (such as health) within school grounds to engage parents on issues of school transition.

Stakeholders emphasised the importance of relationships with families and amongst service providers in assisting with school transitions as well having a diversity of activities to attract 'hard to engage parents'. One site is using kitchen facilities located near the playgroups to provide parents an activity while waiting for their children – a side benefit is that it encourages parents to cook for their children. Another site has established a sewing group as a way of communicating to the parents from culturally and linguistically diverse parents on school transition for their children.

We have one program that has the explicit aim of 'reaching the unreachable'. It's focused on doing events at local sites of congregation with a view to drawing people. It's held a number of pop up stalls at the local town square and shopping centres. We have shifted our model of care to work locally, for example, we have a speech pathologist who meets parents at coffee shops. The program is also linked up child protection services for referrals. Additionally, there are strong relationships with Aboriginal elders and we also have a presence at local VET institutions to help identify young parents.

Committee Member

Challenge is that where the family doesn't have kids already at school and we won't see them. We try to advertise activities to attract families and children. The CP who provides this [school transition service] service also has a play group that these families might attend. Building up referral from CP to CP and the capacity of other service providers is important. Many Aboriginal families at our site won't come into school gate. Partners are working with school on activities that encourage families to come in, for example, a health program where doctor and Aboriginal health worker come to school every fortnight.

Facilitating Partner

We publish a quarterly newsletter with articles on school readiness to CPs which goes out through the Committee. We also send copies to the school and target them at practitioners and parents.

Facilitating Partner

6.2.5 Unmet need for school transition and engagement services

The demand for services to support school transition and engagement is not supported by the CfC FP program alone, noting that both the Commonwealth and state and territory governments provide funding in this area. However, stakeholders in the site visits identified a gap in services for school transition and engagement services particularly around:

- the programs available to middle years (that is, ages 6 to 12) to assist the transition from primary to high school
- the programs for parents and children from diverse communities.

Transition to high school

The CfC FP program's initial focus on 0-5 age group (noting this has now changed to 0-12) and the strong focus on early childhood years more broadly in the sector may have impacted on services being provided to transition to high school. Additionally, the CfC FP Program Operational Guidelines do not specifically articulate that the school transition and engagement objectives include the transition to high school.

Our review found that stakeholders considered that more focus is needed on service delivery at the transition to high school stage to ensure that gains made by interventions in the early years were not lost, as well as overall objectives of the CfC FP are met. They also considered that the support was needed earlier than the year of transition to high school.

There is an absence of programs for the older age range. CfC FP is meant for 0 to 12 but there are limited services to support transition from year 6 to year 7. This is a big shift for a child that age, and more so if they are high needs or have anxiety. There currently no services in our area for the middle years (6 to 12).

Community Partner

Culturally and linguistically diverse communities

Stakeholders identified a number of challenges in providing appropriate programs to parents and children from diverse communities in the transition to school including:

- the shortage of programs targeted at, or specific to, children from diverse communities
- language barriers including access to translators
- the need for information materials in different languages which places additional demands on resources
- the challenge and time needed to effectively engage with individuals and communities including identifying the "right" point of entry to the community and growing the workforce capacity to deal effectively with these populations
- responding effectively to new communities coming into the local area, including building the cultural expertise, making connections to the community
- having the capacity to respond to many diverse communities in one site
- working with people who have experienced significant trauma.

Some schools are aware, we've engaged translators, and steps for parents who don't have good literacy skills. Us reading information to them even. There isn't enough services for these particular communities. There schools are just struggling to manage the kids let alone worrying about the translators.

Community Partner

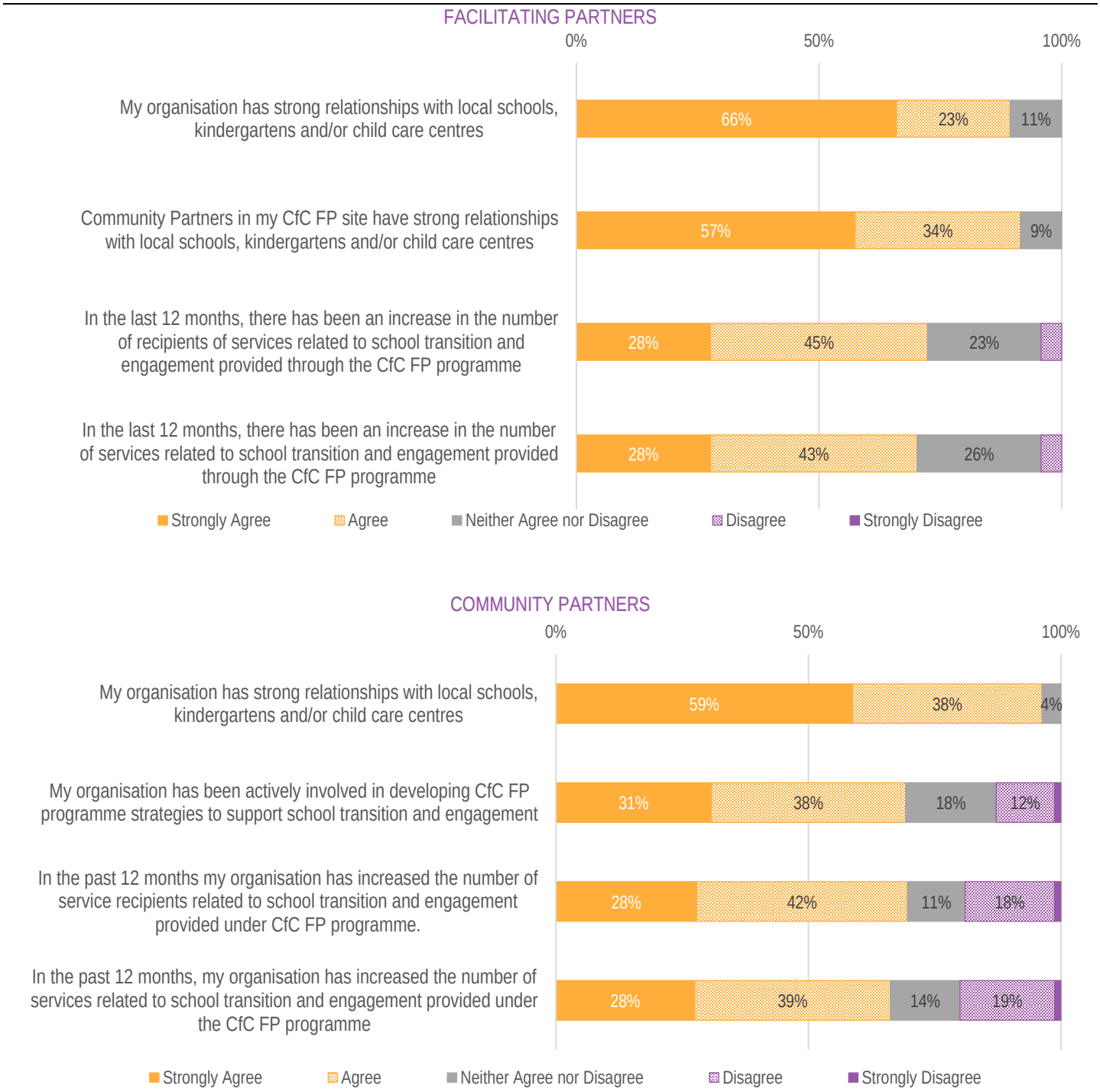
More could be done for CALD communities. There is not enough work done. The number of migrants moving into the area as compared to the availability of programs is not sufficient.

Community Partner

Our kindy kids come way behind judging by the vocabulary, language, social skills they have. And it takes years to try and make up ground and with the language deficiencies. Immigrant children from different school systems coming to Australia are very behind in terms of language skills.

School Principal

FIGURE 6.1 FACILITATING AND COMMUNITY PARTNERS SURVEY — SCHOOL TRANSITION AND ENGAGEMENT



SOURCE: ACIL ALLEN CONSULTING 2016; FP N=47; CP N=80; MAY NOT SUM UP TO 100 DUE TO ROUNDING

SUMMARY OF KEY FINDINGS – FOCUS ON SCHOOL TRANSITION AND ENGAGEMENT

- 98 per cent of Facilitating Partners agreed or strongly agreed with the introduction of the objective to support school transitions and engagement
- Most (80 per cent) of Community Partners provide services that support school transition and engagement
- The majority of Facilitating Partners and Community Partners report strong relationships with schools, kindergartens and child care
- Principals are actively engaged in the CfC FP Committees
- There is evidence of unmet need for some cohorts including older children and diverse communities

6.3 Recommendations

The 2014 CfC FP Program reforms formalised the focus on school transition and engagement as an explicit objective. The recommendations to support the continued implementation of the reform include:

1. Strategic engagement with state education departments

Engagement with state education departments occurs at service delivery, service planning and strategic sector development levels by service providers, Facilitating Partners and Grant Agreement Managers. It is important that the engagement is coordinated to ensure best outcomes from this engagement including the sharing of information, collective problem solving and resource maximisation. It also is important that the CfC FP complements but does not duplicate the responsibilities of the state. A strategy to engage with state education departments should include:

— strategic engagement by the Department, Grant Agreement Managers and Facilitating Partners with state education departments to communicate the objectives and capacities of the CfC FP program and alignments with jurisdictional strategies

— working with Facilitating Partners, including through the proposed National Forum identified in Chapter 3, to identify and communicate best practice approaches, for example, when is a good time to engage with school principals.

2. Focus on transition to high school

Support for parents and children in the transition to high school is within the scope of the CfC FP Program. A strategy to improve outcomes from this Program objective should include:

— clear messaging that the transition to high school is within the scope of the Program including through the CfC FP Operational Guidelines, the proposed broader communication strategy and National Facilitating Partner Forum

— working with CFCA, other researchers and program developers on ways to grow evidence-based programs in this area.

3. Grow the capacity of CfC FPs to work with diverse communities

Working with diverse communities, including Aboriginal and Torres Strait Islander and CALD communities requires a range of skills and expertise. A strategy to grow the capability of CfC FPs to partner with diverse communities should include:

— consideration by Facilitating Partners of how Committee representation can support better outcomes, noting that some sites have many different communities in the local area

— sharing best practice through networks and forums, including through the proposed National Facilitating Partners Forum and developing specific training to support identified needs that could be delivered through webinars

— Facilitating and Community Partners accessing loss and trauma training to develop service provider capability. This would include knowledge about when to refer individuals to services.

7 SUBCONTRACTING RED TAPE REDUCTION AND TRANSPARENCY

This chapter examines progress in implementing the 2014 reform regarding subcontracting red-tape reduction and transparency through an analysis of key findings from stakeholder consultations and surveys.

7.1 Introduction and background

A focus on subcontracting, red tape reduction and transparency were introduced in 2014 as part of a broader Departmental grant funding reform package which was intended to reduce the red tape for providers, including Facilitating Partners. Additionally, the 2014 reforms sought to increase transparency of decision-making in CfC FP sites including through Facilitating Partners having a strategic and facilitating role only and the broadening of representation of the Committee.

Prior to 2014, Facilitating Partners retained significant autonomy over subcontracting and funding arrangements, and in some sites, this had resulted in:

- Facilitating Partners providing very short term contracts (sometimes one year), which impacted on Community Partner's ability to plan and undertake services
- concerns around the lack of transparency and accountability in funding decisions
- some Facilitating Partners only subcontracting their own services, contrary to the Program intent
- excessive management of Community Partner contracts for only small amounts of funding.

Facilitating Partners are responsible for the contracting arrangements with Community Partners in their local area. Guidance is not provided by DSS on the contractual arrangements.

This chapter examines:

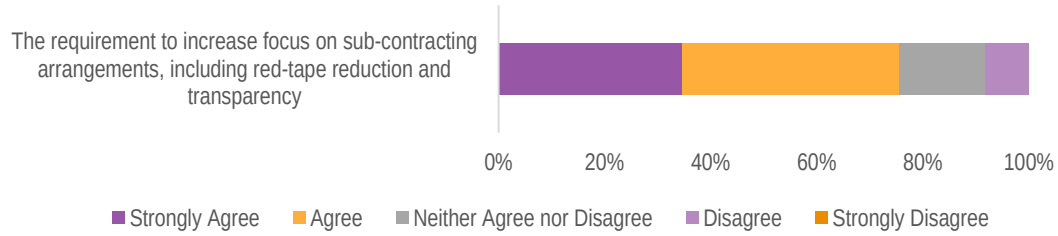
- support for the reform
- perceptions of whether red tape has been reduced
- perceptions of whether greater transparency has been achieved.

7.2 Findings

7.2.1 Support for the reform

Our review found that most (76 per cent) Facilitating Partners supported the sub-contracting, red tape and transparency requirement (Figure 7.1). However, stakeholder consultations indicate that the reform was interpreted differently by different stakeholders.

FIGURE 7.1 FACILITATING PARTNERS SURVEY - SUPPORT FOR THE REQUIREMENT



Some stakeholders expressed a view that there has been minimal reduction in red tape but others indicated that there have been increases in red tape in some areas. This could include the increased time being spent on reporting in DEX and, that while Facilitating Partners are no longer required to provide audited reports, some may still need to provide audited reports for other organisational purposes.

12 months only funding to a small program delivering in a remote location negatively impacts on staff retention, community capacity building, development of the program and client confidence.

Community Partner

The longer term contracts are excellent! Promotes ease of recruitment, improved service delivery and more cost effective operations.

Community Partner

There are more requirements in the contract, but this provides a clear focus and goals that help guide the service.

Community Partner

7.2.2 Reducing regulatory burden and red tape

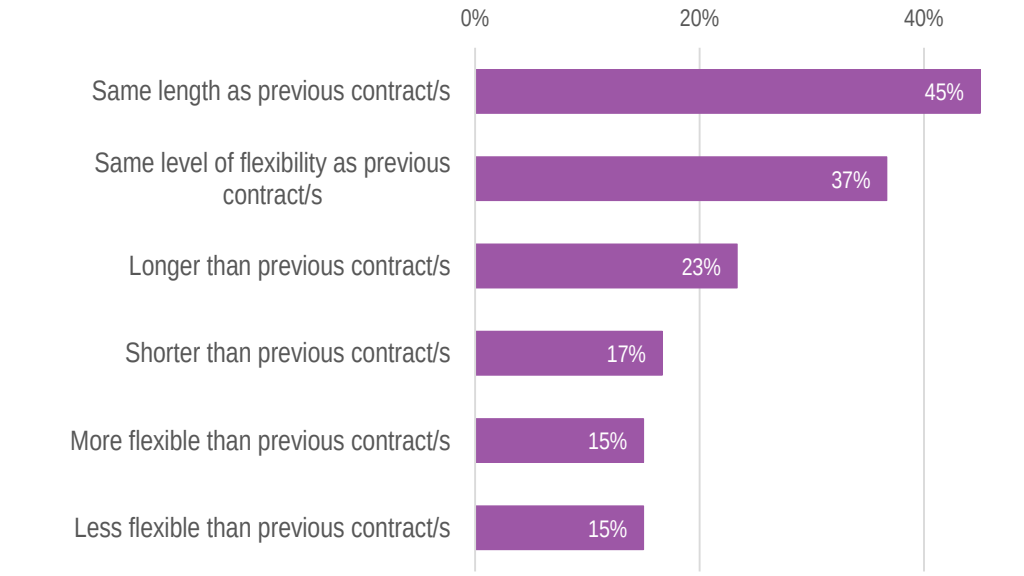
It is unclear from the review whether regulatory burden and red tape has been reduced.

Most Community Partners that were contracted to deliver CfC FP services prior to July 2015 perceive that the new contracts have the same length and level of flexibility as their previous contracts (see Figure 7.2).

However, feedback from Community Partners is ambiguous on the contracts they hold with their Facilitating Partners – some perceived their contracts as being clear and concise, while others found them confusing and difficult; some praised the contract's flexibility, while others complained of reduced flexibility. A few respondents welcomed the increase in the contracts' length. Others complained that their contracts are too brief. The differences may be influenced by the different contractual arrangements among the different service delivery areas.

Stakeholders have indicated that a variety of contract forms are used between Facilitating Partners and Community Partners, including replication of the contract between the Department and Facilitating Partners and the standard contracts of organisations that host a number of Facilitating Partners.

FIGURE 7.2 COMMUNITY PARTNERS SURVEY — COMPARISON OF CURRENT CONTRACTS TO PRE-2015 CONTRACTS



SOURCE: ACIL ALLEN CONSULTING 2016; N=60; MULTIPLE RESPONSES ALLOWED

Facilitating Partner access to DEX

The inability of Facilitating Partners to access DEX data regarding service provision in their site, identified earlier in the report, has resulted in a number of 'work around' arrangements being developed so Facilitating Partners can access the information. This has included Community Partners providing separate reports to Facilitating Partners, Facilitating Partners entering Community Partner program data themselves and in one instance, a separate software interface being introduced. These arrangements are duplicative and have increased the reporting burden for some Facilitating and Community Partners. Other issues regarding the implementation of DEX are covered in Chapter 8.

7.2.3 Transparency

Our review found overall that there appears to be greater transparency in CfC FP site decision making around services being contracted. However, there was mixed feedback from consultations.

Stakeholders in some sites have reported that the Committee structures have provided a transparent environment with respect to funding decisions which was helped by the Facilitating Partner transition away from service delivery. However, Committee members at another site expressed that the Facilitating Partner had difficulties in managing conflicts of interests and indicated the need for greater transparency. This perspective could reflect that Community Partners and other service providers may be competing with each other for contracts. We were told of an instance where competing service providers were included in the assessment of tenders.

Strategies by Facilitating Partners to manage these conflicts have included establishing sub-groups with non-service provider members only to assess tenders and clearly outlining the rationale behind decisions, once made, to the broader Committee. The capacity of Facilitating Partners to manage these situations appears variable and could also be impacted by the robustness of relationships between Committee members. For example, at one site visited, service providers who were not awarded contracts still remained active in the Committee. This is a positive example of how the Facilitating Partner has created and maintained collaborative and effective relationships across the local service sector.

There is strong and open, cohesive and constructive environment that is more open and transparent with expectations being set.

Community Partner

It has been transparent in terms of funding decisions. The move away from FPs delivering services is less of a conflict of interest in terms of these decision making. There was also a process of planning service continuity for people accessing services to ensure that those services continued under different provider.

Committee Member

Lack of people is a problem, the configuration of the committee is difficult – the ones who look at strategic priorities should not be the ones who consider the activities. While the process was fair and equitable it put them in uncomfortable positions, being on the panel judging other projects while submitting their own.

Committee Member

7.2.4 Compliance and monitoring

Our review found that the main contractual mechanisms – the guidelines, grant agreements and Activity Work Plans - to ensure compliance and monitoring are used to varying degrees.

Several Grant Agreement Managers indicated that their relationship with the Facilitating Partner has been more influential in ensuring activities were being undertaken than using the Grant Agreements. They also acknowledged that the Committees offered an additional accountability and transparency mechanism.

Similarly, Facilitating Partners indicated that they primarily use the Activity Work Plans to work with Community Partners to monitor progress and resolve issues.

SUMMARY OF KEY FINDINGS — SUBCONTRACTING AND RED TAPE REDUCTION

- 76 per cent of Facilitating Partners agreed or strongly agreed with this reform requirement. However, consultation found various interpretations of the reform intent
- Half of current Community Partners were not contracted to deliver CfC FP services before July 2014. They were not able to comment on the impact of the subcontracting reforms
- Most Community Partners contracted to deliver CfC FP services prior to July 2014 perceive that no change in the length and level of flexibility as their previous contracts
- Community Partners provided mixed feedback on current arrangements: some perceived their contracts as clear and concise, while others found them confusing and difficult; some praised the contract's flexibility, while others complained of reduced flexibility
- There is increased transparency from the Facilitating Partner about service delivery contracting decisions

7.3 Recommendations

Driving efficiencies in the CfC FP Program

The 2014 reforms to the CfC FP Program were introduced in the context of the Department's broader reform of grant programs. A strong focus of the broader DSS reform was to reduce regulatory burden and red tape through consolidating the existing programs into seven grant programs, introducing a streamlined approach to program performance reporting through DEX, and a simplified financial acquittal reporting to cut down on administrative costs for providers.

The recommendations to continue to drive efficiencies within the CfC FP Program should be in the context of broader Department directions and include:

1. Facilitate best practice contract management training for Facilitating Partners

   Effective contract management requires understanding of, and experience in, the concepts and techniques for tendering, negotiating, managing risk and administering contracts, while building sustainable relationships.

   Appropriate contract management training for Facilitating Partners could be useful to improve capacity.

2. Enable Facilitating Partners automated access to CfC FP site program report

   As raised in Chapter 4, Facilitating Partner access to the DEX data for Community Partner services will enhance Facilitating Partner accountability and capability to deliver outcomes from their CfC FP site.

3. Regularly share best practice and problem solving across CfC FP sites including the proposed National Facilitating Partners Forum and other communication strategies

   Facilitating Partners have developed informal networks to problem solve on a range of issues. The proposed National Facilitating Partners Forum could be used to leverage best practice and innovative approaches to common issues regarding sub-contracting, red tape and reporting.

4. Ensure that data collection is targeted and provides needed information only

   Service providers who deliver programs funded from different sources often have multiple reporting requirements. A program data collection that is appropriately targeted and seen of use by services providers can encourage them to ensure the integrity of data entered.

5. Increase communication with Facilitating Partners about the importance of transparent decision making and managing conflicts of interest.

   The importance of transparent decision making and managing conflicts of interest could be a component of the proposed guidance and support for Facilitating Partners about the effective operation of the CfC FP Committees. It could also be a component of the contract management training proposed above.

8 DATA AND REPORTING

This chapter examines progress in implementing the 2014 reform regarding the introduction of DSS Data Exchange (DEX) through an analysis of key findings from stakeholder consultations and surveys.

8.1 Introduction and background

The Department, as a part of broader reform of its grant programs, introduced a new data and reporting regime under DEX that covers the majority of Department client-based programs, including the CfC FP.

The introduction of DEX was intended to shift the focus of performance measurement from outputs to more meaningful information about service delivery outcomes and also to reduce the burden of service reporting by introducing a web-based portal, facilitating bulk uploads of data and better system interoperability.

Under DEX, service providers are required to submit a mandatory minimum data set comprising client demographic information and service activity details. Service providers also have the opportunity to 'opt in' to a Partnership Approach, which would enable them to collect and provide additional information relevant to demonstrating the impact of program activities, including:

- client outcome data (SCORE)
- client feedback on programs
- further contextual information about client needs.

This chapter reviews:

- the progress of CfC FP sites in implementing the new data and reporting requirements under DEX, including the Partnership approach
- examines the supports provide for DEX implementation
- challenges associated with implementation to date.

8.2 Findings

8.2.1 Support for implementation of DEX

Our review found that the support by stakeholders for the new data and reporting regime is mixed.

Facilitating and Community Partners shared similar perceptions of the DEX platform, which were considerably more negative compared to other CfC FP program reforms (see Figure 8.1). Their feedback suggests that organisations have strikingly polarised experiences with DEX, particularly in relation to understanding the instructions on the DEX protocol and SCORE Translation Matrix. However, stakeholders acknowledged that it is too early to 'see' the benefits of the DEX platform.

Potential benefits from the DEX platform identified by Facilitating and Community Partners included:

- standardised reporting
- improved accountability
- reduced workload associated with performance reporting and collation of partner data
- reduced amount of captured data
- potential to eliminate risk of double counting clients
- ensuring Community Partners' accountability and responsibility
- ability to monitor trends and influence program planning
- quantitative evidence of program activity, participation and outcomes.

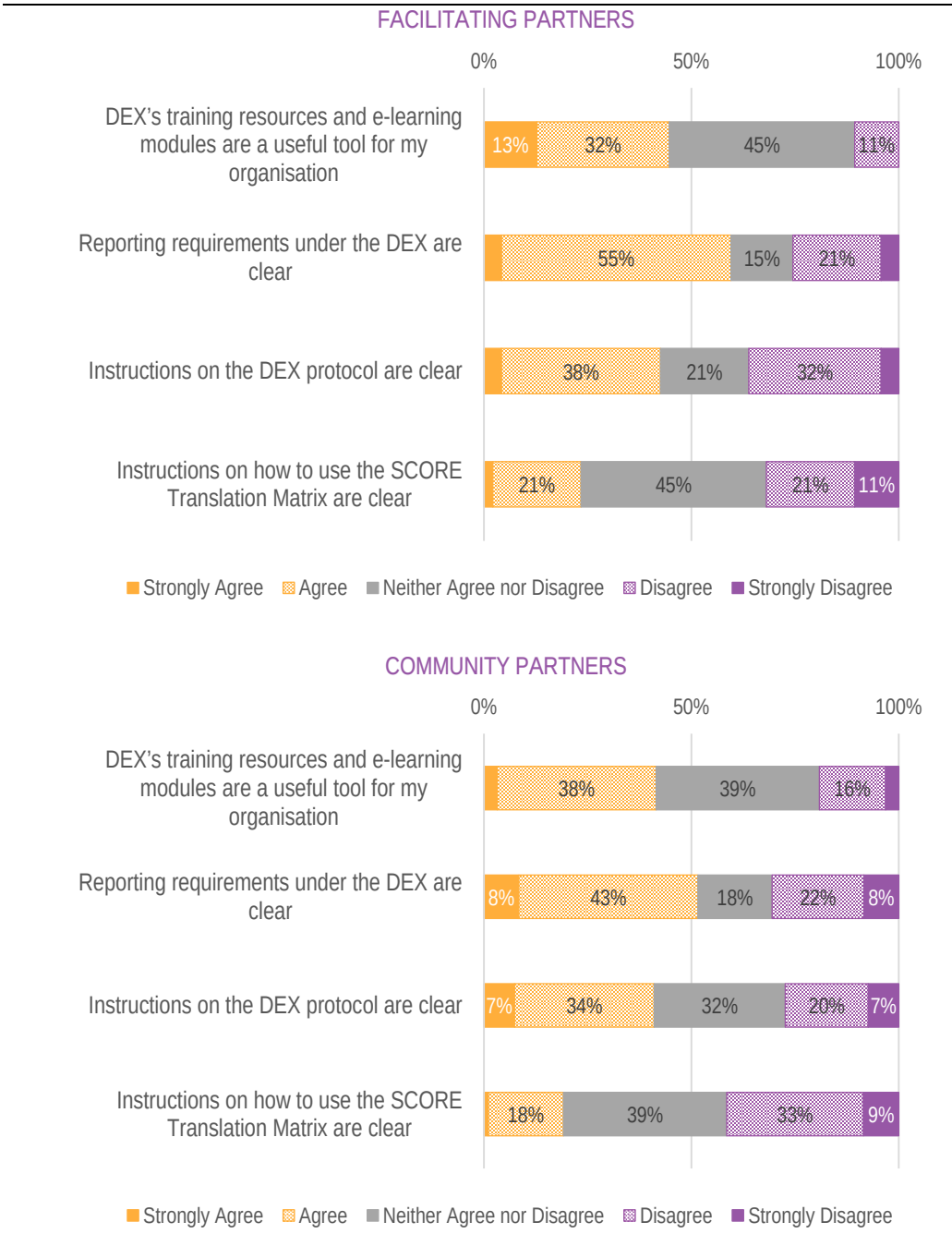
…the highlight is that clients are entered as unique numbers, removing the risk of error of counting an individual more than once.

Facilitating Partner

The future benefits of the extended reporting data will be a benefit, but will be negated if we cannot see or access overall data for our site on the DEX system as an FP.

Facilitating Partner

FIGURE 8.1 FACILITATING AND COMMUNITY PARTNERS SURVEY — SUPPORT FOR DEX IMPLEMENTATION



SOURCE: ACIL ALLEN CONSULTING 2016; FP N=47;CP N=80; MAY NOT SUM UP TO 100 DUE TO ROUNDING

8.2.2 Implementation arrangements between Facilitating Partners and Community Partners

The review found that although the majority (81 per cent) of respondent Community Partners undertake reporting through DEX, almost half (45 per cent) of respondent Facilitating Partners enter data on behalf of Community Partners in their service delivery area. This can be because of capacity and time constraints within smaller Community Partners. It is also used by some sites as way for the Facilitating Partner to access service delivery information.

From memory it only became clear what DEX would entail only after the contracts were out. We have no oversight of data entered into DEX. It doesn't seem real for CPs at the moment because it's like an academic exercise for them. They can't get support from FPs because they don't know how to use DEX themselves.

Facilitating Partner

We would not encourage CPs to enter directly into DEX. They are rolling out a 3rd party software that CPs can enter information to, and then this feeds into DEX but allows us to see the data.

Facilitating Partner

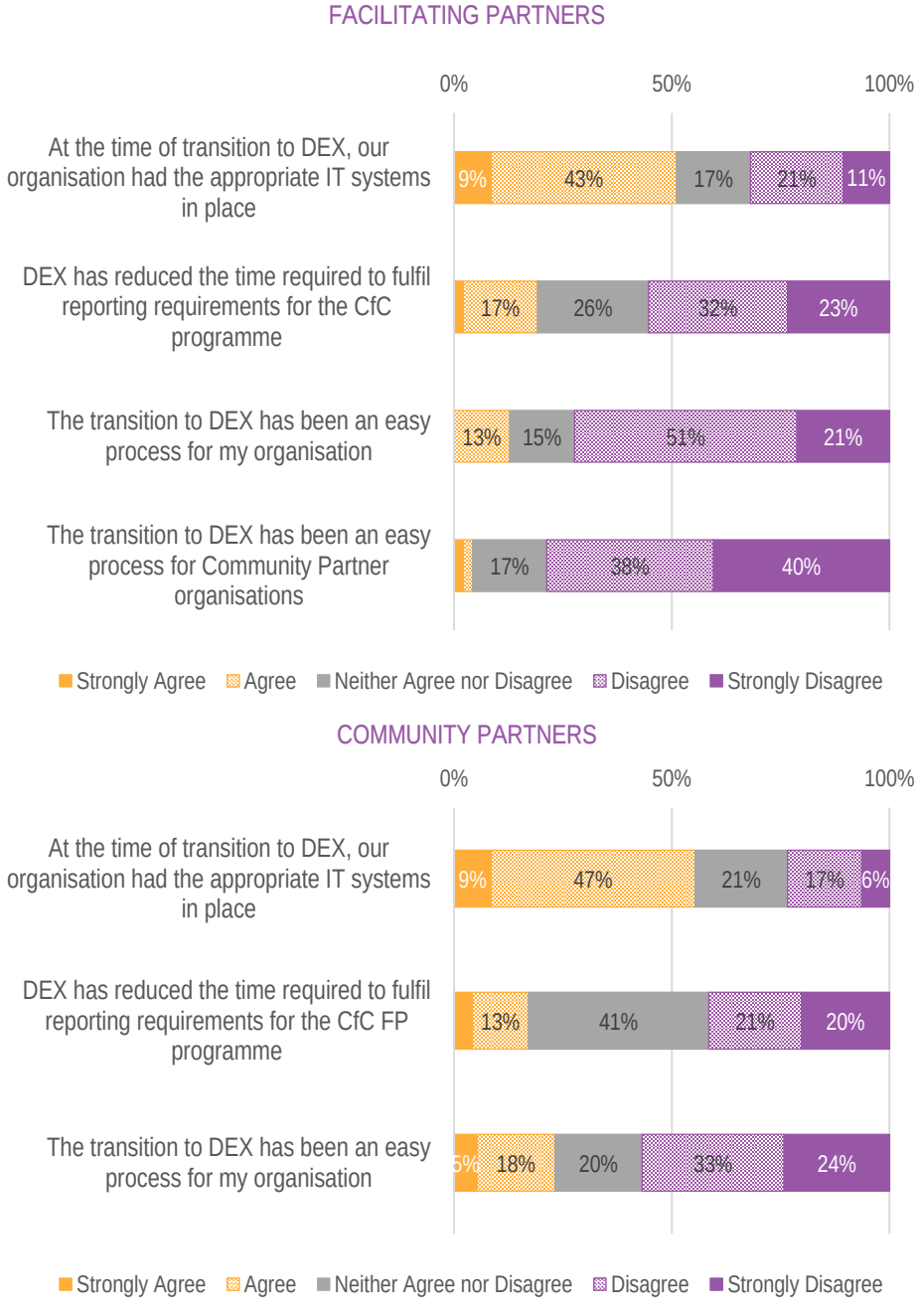
8.2.3 Transition to new reporting arrangements

Our review found that generally, the transition to the DEX platform has been difficult. Facilitating Partners (72 per cent) overwhelmingly perceive that the transition to DEX has not been easy for their organisation (see Figure 8.2). An even higher proportion of Facilitating Partners (78 per cent) perceive that this transition has also not been easy for their Community Partners. These were the weakest perceptions in any of the CfC FP program aspects that were inquired in the Facilitating Partner online survey.

More than half of Community Partners reported that the transition has been difficult (see Figure 8.2). Many felt that the DEX platform is not user friendly, and demands significant workload. A few Community Partners noted that the DEX associated workload can be an extra burden to their organisations, and that no additional funding has been provided to compensate for it. A number of providers also did not have the right IT in place to transition to the DEX platform.

Less than 20 per cent Facilitating Partners reporting that DEX has reduced the time required to fulfil reporting requirements for the CfC FP program (see Figure 8.2).

FIGURE 8.2 FACILITATING AND COMMUNITY PARTNERS SURVEY — EFFECT OF TRANSITION TO DEX



SOURCE: ACIL ALLEN CONSULTING 2016; FP N=47;CP N=80; MAY NOT SUM UP TO 100 DUE TO ROUNDING

Other issues identified by stakeholders resulting from the transition to new reporting arrangements include:

- multiple reporting demands and requirements from Facilitating Partners and the Department (including Activity Work Plans and DEX) leading to process inefficiencies/duplication of reporting
- incompatibility between IT systems
- delays involving AUSkey registration and installation
- inadequate support and training that was not targeted to the CfC FP Program.

Given the nature of our project, which are one off events, it is very time consuming to gather all the information required for DEX reporting and it is difficult to measure change and outcomes based on limited interaction with families. Too much information is required, too much over-analysis of major life changing issues is occurring which is not necessarily the best use of time and resources. This process should be simplified when there is a one-off interaction with big groups of families.

Community Partner

The limited funding we receive does not include the time and resources to enter the data.

Community Partner

DEX has been a nightmare, it has tripled staff reporting times as it is has been off line so often. It is obvious not enough pre- release testing was done to make it efficient or user friendly.

Community Partner

8.2.4 Implementation of the Partnership approach

Currently 14 Facilitating Partner organisations (covering 26 sites) have opted into the Partnership Approach. Our review found that factors contributing to whether CfC FP Partners have opted in or not include:

- capability and capacity of local service providers to undertake outcomes reporting
- the desire to take a staged transition to DEX reporting to ensure that providers are familiar with minimum data set reporting
- at a site level, determining the relevant additional data requirements and how this could be appropriately collected.

However, some stakeholders who have not opted-in have indicated a desire to undertake reporting through the Partnership Approach in the future.

The Partnership Approach has been very time consuming. We have engaged an external community data organisation system. They have developed a program, and CPs feed into that which integrates into DEX.

Facilitating Partner

We're currently thinking about how to do that from a FP perspective and incorporating it into practice. It could be time consuming and again it goes back to some people having never done outcomes measurement before getting them use to the tools and interpretations.

Committee Member

We have not opted in to the Partnership Approach, although we understand the concept. Some of the CPs are funded through DHS already so are quite savvy in the space. From our perspective, some work needs to be done before they choose to opt in. Need to know what they are collecting, and why they are collecting the data. We need more clarity as an organisation on what is required / its usage. There also needs to be education on this. Furthermore, not every programme has evidence base tools that can be translated into SCORE. Some programmes can be translated back to SCORE but others do not have this embedded in their programmes. We're still in early stages of other parts of the programme so work on these first before moving into the Partnership Approach.

Facilitating Partner

SUMMARY OF KEY FINDINGS – DATA AND REPORTING

- The majority (81 per cent) of Community Partners surveyed report through DEX
- Almost half (42 per cent) of Facilitating Partners enter data on behalf of Community Partners
- Less than half of Community Partners report reduced time spent on reporting than under previous arrangements. In some instances parallel reporting requirements have been implemented to enable Facilitating Partners to access service data
- Less than half of Community Partners report that DEX training and learning modules are useful
- Providers see potential benefit of standardised reporting and improved accountability
- Nearly half of the 32 CfC FPs have opted into the Partnership Approach. Of those who have not opted-in some have indicated a desire to undertake reporting through the Partnership Approach in the future

8.3 Recommendations

1. Finalising and implementing the DEX CfC FP program specific report

While CfC FPs expressed frustration around aspects of implementing the new DEX arrangements, there was significant anticipation for receiving the CFC FP program specific reports to inform service delivery and development.

The Department has previously advised timeframes for delivery but these have not been met. It is understood that the delays are related to resourcing issues, however, the ongoing delay in delivery undermines sector confidence and support for the reform (which may impact on data integrity). The delay also limits the capacity of the Department, state and territory offices and importantly, the CfC FP sites and their stakeholders, to develop strategies to improve the service outcomes for local communities.

Strategies to ensure 'fit for purpose' finalisation of the report include:

— the Family Policy and Programs Branch working closely with the DEX Manager to finalise including user testing with stakeholders including Grant Agreement Managers, Facilitating Partners and Community Partners

— roll-out of the report to be supported by a communication and training strategy.

The Department acknowledges the importance of providing access to Facilitating Partners to the DEX data and is developing options for this capacity. This should be progressed as a priority to ensure Facilitating Partners have the capacity to fulfil both their strategic and service monitoring roles and provide support to Community Partners.

2. Communicating to CfC FPs about DEX and reporting

Currently the major areas of focus for Facilitating Partners include outcomes measurement, data entry and administrative and reporting processes as discussed in Chapter 5. Access to up-to-date information on DEX and other reporting issues, best practice and problem solving would assist Facilitating Partners to efficiently manage this component of their role. This could be achieved by:

— The Department continuing to regularly communicate to Facilitating Partners about DEX and other reporting matters as part of the CfC FP broader communication strategy. This would include clear pathways for identifying and resolving issues

— using the proposed National Facilitating Partners Forum to highlight best practice and share problem solving in this area.

3. Develop the capacity for Facilitating Partners to report on their activity

   The CfC FP Program is distinctive in that it specifically funds service facilitation separately to service delivery. However, Facilitating Partners do not currently report on their activity. It is understood that the Department has implemented a process for the Facilitating Partners role to be included in DEX, however, this reporting is relatively limited in scope and would be enhanced by the capacity to provide qualitative data (see below).

4. Develop the capacity for CfC FP sites to provide qualitative data

   The previous CfC FP reporting arrangements allowed CfC FPs to provide qualitative data regarding service delivery. The loss of this capacity limits the ability of the CfC FPs to demonstrate qualitative outcomes from services and is considered as a loss by CfC FP sites.

   Options for providing this information need to consider resourcing and efficacy (i.e. how will the information be used) and the impacts of providing the data. It could look at:

- ways in which qualitative data could be integrated into DEX as a field or attachment point
- reporting by Facilitating Partners on their role
- other avenues such as contribution to organisational annual reports.

5. Increased targeted training and clearer instructions

   A review of the guidance and instruction provided for CfC FP sites should be undertaken to inform the development of 'fit for purpose' support for CfC FP sites. A co-design approach should be taken with stakeholders including consideration of using 'a train the trainer' approach with Facilitating Partners. One area identified by Facilitating and Community Partners as particularly important to clarify are naming conventions.

6. Support for smaller organisations

   Facilitating Partners were not envisaged to have an ongoing role in entering Community Partner service delivery data in DEX given they are a service provider by exception only.

   However, further to feedback from stakeholders, is that it is likely that some Facilitating Partners will need to continue assisting CPs enter their service data particularly for smaller organisations who do not have the capability or capacity. This can be time consuming and take them away from their other responsibilities. Consideration should be given to how support and guidance can be provided to smaller organisations either by the Department or Facilitating Partners, without detracting from the Facilitating Partners broader role. However, it is recognised that the focus of Facilitating Partner varies across sites, depending on local circumstances.