Comments on Department of Social Services, *Stronger Outcomes for Families* – Discussion Paper and Background Paper, June 2018

The work of Relationships Australia

This submission is written on behalf of Relationships Australia's eight member organisations. It complements submissions from individual Relationships Australia organisations, and the comments and feedback provided to the Department of Social Services from Relationships Australia organisations during the recent roundtable consultations. It also complements comments recently provided to DSS from Relationships Australia on the DEX SCORE translation matrix.

We welcome and support DSS's collaborative approach to developing new service frameworks and funding arrangements to best meet current and emerging needs in Australian families and among Australian children.

We are a community-based, not-for-profit Australian organisation with no religious affiliations. Our services are for all members of the community, regardless of religious belief, age, gender, sexual orientation, lifestyle choice, cultural background or economic circumstances.

Relationships Australia has been a provider of family relationships support services for 70 years and today provides a range of family support services, including counselling, dispute resolution, children's services, services for victims and perpetrators of family violence, and relationship and professional education. We aim to support all people in Australia to live with positive and respectful relationships. We also believe that people have the capacity to change their behaviour and how they relate to others.

The core of our work is relationships – through our programs, we aim to enhance and improve relationships in the family, whatever its form, with friends and colleagues, and within communities. Relationships Australia believes that violence, coercion, control and inequality are unacceptable in any voluntary relationship. We respect the rights of all people in all their diversity to live life fully within their families and communities with dignity and safety, and to enjoy healthy relationships. These principles underpin our work.

Relationships Australia is committed to:

- Enriching family and community relationships and encouraging good and respectful communication.
- Transparency with clients.
- Supporting children affected by violence and abuse, recognising the harm it does to them, regardless of whether they are the direct or indirect victims.
- Working with people who have experienced violence and abuse to ensure they are safe, and supporting them to take control of their lives.
- Working with people who have been violent or abusive in their relationships to keep their family members safe and with the belief that they can, and do, change existing patterns of behaviour.
- Respecting cultural differences, but not accepting them as an excuse for violence or abuse.
- Working in rural and remote areas, recognising that there are fewer social support resources available to people in these areas, and that they live with pressures, complexities and uncertainties not experienced by those living in cities and regional centres.
- Collaboration. We work collectively with local social service provision and peak body organisations to deliver a spectrum of prevention, early intervention and tertiary intervention programs with men, women, young people and children. We recognise that often a complex suite of services (for example, drug and alcohol services, family support programs, mental health services and public housing) is needed by people affected by violence and abuse, and others who are experiencing vulnerability.
- Ensuring that social and financial disadvantage is not a barrier to accessing services.
- Contributing its practice evidence and skills to research projects, to the development of public policy and to the provision of effective programs.

Relationships Australia considers that these commitments align well with the outcomes and principles identified in the Discussion Paper and Background Paper.

Comments from Relationships Australia

Principle 1 – Outcomes focused

Do these three outcomes encompass the most important outcomes for families and children that you see? Why/Why not? Do the outcomes in your service or organisation align to the ones proposed? How long would it take for you to adjust your services to achieve these outcomes?

Outcomes must be relevant, achievable and measurable. The literature of collective impact supports the view that a strong outcomes focus provides a shared vision that can bind agents with different orientations and competing agenda, and thus support effective systems reform. It is optimal to engage communities, clients, individual practitioners, funders and researchers in developing outcomes, and we encourage the Department to facilitate this engagement.

Relationships Australia acknowledges that the three proposed outcomes promote the capacity of people for future wellbeing, as well as providing options for prevention and early intervention approaches. In addition, Relationships Australia notes that the proposed outcomes are compatible with a 'life course' / life span approach. Further, there is solid evidence to support the proposed outcomes as being co-related with the needs of families and children. Relationships Australia notes that outcomes frameworks for early childhood have been developed in many jurisdictions in Australia and internationally. Typically, they include some combination of health, education and welfare outcomes for children and families. The outcomes proposed in the Papers are consistent with such approaches.

Relationships Australia would respectfully propose a **fourth foundational outcome - 'connectedness in and to community'**. Literature across diverse disciplines indicates that connectedness is predictive of life course wellbeing.[1]

In relation to the three outcomes proposed by DSS, Relationships Australia offers the following observations for consideration in further developing the outcomes framework.

The influence of broader socio-economic factors

A family's capacity to function well and achieve across the proposed outcomes is constrained by many factors, including some that are *intended outcomes* of policy settings and programs across diverse fields, including health, education, housing, welfare, taxation, immigration, child protection, criminal justice and employment. Policies consciously seek to shame, marginalise and punish poverty, while at the same time contributing to its intergenerational persistence. People cannot be shamed out of poverty; they can, however, be helped out of it by capacity-building programs with soft entries, warm referrals and sufficient

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[1] Cf footnotes 2-7 infra.

longevity to embed them in the community. However, it is of little value to have an outcome such as 'children are well and thriving and ready for school' if their parents cannot afford to feed them a nutritious breakfast, if the parents are not themselves physically and mentally well, if they cannot get employment because they cannot afford public transport to make appointments or to pay for dental treatments to fix their teeth. It is perverse to have wraparound holistic services to support the families who subsist in intergenerational poverty because of the intended operation of other policies which reinforce inequality and constrain opportunity.

The cumulative weight of these constraints, and their impact on the *collective* wellbeing of the community, needs to be acknowledged and addressed in the outcomes framework. Stigmatising and punitive approaches are best avoided, particularly when the goal is to support families who have experienced marginalisation and exclusion and who may avoid help-seeking as a consequence. Social support payments need to be adequate for parents to make good and healthy choices for their families.

A robust outcomes framework will be trauma-informed, and sensitive to the impact of asymmetries of power and knowledge, and the enduring impact that abuse of power has had on marginalised families, including through intergenerational trauma. In summary, it is useful to start from the question: 'what has happened to them?', rather than 'what is wrong with them?'

Variations in family formation

Relationships Australia considers that Stronger Outcomes for Families should explicitly recognise the varied constellations of family formation and family relationships experienced by the Australian population. The Discussion Paper and Background Paper seem to carry implicit assumptions about the nature of family which do not correspond with our service experience, or with contemporary literature around family formation.

The definition of 'family' should take into account (and clearly rule in or out, depending on policy intention) single person households, households without children, foster families' ongoing connections with natal families, multi-generational households, non-intimate partner carers, gender diverse families, multicultural families and people with different types of dependent relationships (eg chosen families, which are critical to many survivors of child abuse). The recent AIFS conference, of which DSS was a lead sponsor, highlighted data from OECD countries showing that 'family' increasingly includes surrogate mothers, donor fathers, three adults co-parenting, grandparent-led households, gender diverse couples, as well as friends and neighbours who become carers.

Variations in family composition

Elders - the proposed outcomes do not appear to refer to or acknowledge the specific roles, needs or vulnerabilities of older Australians within families.[2] Relationships Australia's elder abuse and elder counselling and mediation services, for instance, support families in responding to these needs.

Young and midlife adults - individual adults contribute significantly to family function (and dysfunction). This includes, for example, single person households in which an adult is dealing with a relationship breakdown while maintaining a co-parent relationship, and carers of vulnerable adults. Relationships Australia's family counselling services encompass people in these, and other, cohorts.

Children - the main outcome sought by Relationships Australia in offering our parenting programs is to meet children's attachment needs through diverse activities that support children's healthy development, including readiness and capacity to learn. The concept of 'meeting children's attachment needs' is potentially a higher order outcome than 'children are ready to learn', and would, we respectfully suggest, better encompass therapeutic services, rather than impliedly focusing on education strategies, which may inadvertently restrict a richer approach to child development. This would also focus attention on the outcomes of the Families and Communities Program, rather than outcomes of early education Programs.

Connectedness beyond the family

Isolated families are neither safe nor healthy. Loneliness and social isolation are associated with a range of poor mental, physical and socio-economic outcomes for people and families. Adolescents who do not have close friendships and good social networks, for example, consistently report lower levels of self-esteem, more psychological symptoms of maladjustment, and are at higher risk of suicide.[3] There is also a relationship between social isolation and depression,[4] lower levels of self-worth,[5] life satisfaction[6] and subjective wellbeing.[7]

The negative effects of loneliness extend to physical wellbeing. In one review of literature, people who were socially isolated, or did not have good quality social support, were found to be at greater risk of developing coronary heart disease, with one study comparing the impact of loneliness on heart disease to the impact of smoking.[8]

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[2] Eg grandparent-led householders, older people as carers of vulnerable adult children, and older people as primary carers for children, as well as older people as the recipients of care by different family members – not necessarily children or grandchildren.

[3] Kidd, 2004.

[4] Rubin & Mills, 1998; Nangle et al. 2003.

[5] Qualter & Munn, 2002.

[6] Goodwin, Cook, & Yung, 2001.

[7] Chipuer, Bramston, & Pretty, 2003.

[8] Voltorta, 2016.

Relationships Australia works to support people within their social context, so that they can build and maintain connections in the community (see the fourth outcome suggested above).

<u>Measurement of outcomes</u>

The outcomes framework would benefit from articulation of an overall program logic to outline how different levels of outcomes fit together towards the overarching outcomes; the program logic should distinguish population goals (a government responsibility) from program goals (a service provider responsibility). Population goals should be developed with reference to research that indicates an association between improvements in 'social and economic capital' with family wellbeing – eg by reducing poverty, reducing the gap between rich and poor and building community connections.

The three proposed outcomes focus on risk and protective factors within families, which rests on an assumption that families have a high degree of agency, in isolation from the broader social milieu. Relationships Australia acknowledges that focusing on proximal, rather than distal, factors is not uncommon, proximal influences being easier to research and measure than the latter. An understanding and acknowledgement of broader societal factors is a prerequisite of effective engagement and achievement of desired outcomes.

It has been suggested that the outcomes as currently expressed may be too abstract and thus not amenable to measurement. Suggested measures include physical and mental wellbeing, financial stability and adequate housing.

<u>Does the work of Relationships Australia align with the proposed outcomes?</u>

All of Relationships Australia's services contribute to the outcomes currently identified by DSS, as well as the community connectedness outcome proposed by Relationships Australia. We do, however, note that the 'ready to learn' outcome is a consequence of Relationships Australia's work, rather than a direct focus for us. In the absence of more detailed information about how DSS will structure funding, and define, measure and attribute outcomes, it is difficult to predict whether Relationships Australia would need to adjust its current arrangements and, if so, how long it would take to do so on a national basis.

Funding

What do you think about splitting funding based on needs?

Families' needs can be complex, and individual members can experience multiple co-morbidities. Further, the nature and intensity of those needs is experienced by families and individuals as dynamic, and so funding needs to accommodate real time flexibility in service type and dosage. For example, parenting programs are not currently funded to work flexibly, yet offer a gentler and more enduring approach that aligns with the proposed outcomes by building resilience, capacity and well-being for individual people, families, and communities. Accordingly, families might best be served by being able to access a mixture of

universal, targeted and place-based services, preferably through a single portal – or at least through a 'no wrong door'/'one door only' route. It is unclear whether splitting funding based on a characterisation of specific needs will simplify accessibility for families, or support greater efficiency for funders or service providers. As noted later in this submission, service fragmentation can stymie help-seeking by clients and hinder effective delivery of joined up services.

For example, it is difficult for a service provider to specify and report on percentages for universal / targeted / place-based services that are delivered because of the complexities noted in this response. Reporting requirements based on seeing specified minimum numbers / percentages of clients in particular cohorts can engender mistrust and suspicion in communities. As noted in the Discussion Paper included at Attachment A, 'Our Indigenous clients say 'are you chasing us for numbers?' as other services are chasing the same families as well due to the pressure to meet Indigenous targets.' (see p 6). This can also lead to inefficiencies from potentially over-servicing some clients while under-servicing other clients with acute needs who may not fall within the prescribed criteria for a 'targeted' group.

Finally, there is difficulty in responding to this question without clearly identifying who is assessing needs, and by what criteria. It would be useful to have a better understanding about how much latitude service providers would have in service design both at the outset and to respond with agility to emerging need during the life of the provider. Is it the intention that service providers apply x, y or z service to a family, or do resources applied to provide x service type to a cohort of families? For optimal outcomes, services need to have sufficient flexibility in their funding arrangements to provide a variety of services – or refer to a variety of services – to respond to potentially diverse needs in a family; eg addiction support, trauma counselling and parenting or marital support for parents. These needs will continue over a period of time and are not necessarily amenable to 'one off' interventions.

Do you think the three proposed streams are the best way to achieve this? Do you have a different idea for how funding could be split?

Relationships Australia notes that the categories of universal, targeted and place-based are not mutually exclusive, and do overlap in a range of contexts and environments. For example, the same intervention targets generally apply to each, although the dosage and intensity may be different. Relationships Australia offers the following observations.

Capture by the political and budget cycles – irreconcilable with effective service delivery and capacity building?

Relationships Australia notes that the widely-shared predilection for establishing short-term pilot programs to meet contemporary exigencies, and then de-funding such services (whether evaluated as successful or not, or not evaluated at all) militates against the establishment of trusting therapeutic relationships, employment and retention of skilled and experienced staff, and investment in infrastructure. Clients and community groups express disappointment at the 'here today/gone tomorrow' approach which characterises short-term funding commitments. The electoral cycle is three years, and the budget cycle

somewhat longer, but a precondition of transformational change in family and community well-being is the development of trusting relationships. This does not occur according to a timetable; nor does transformational change, of the kinds suggested by the proposed outcomes, happen in a linear way.

As observed in the Discussion Paper at Attachment A,

> The constant rolling out of new, short-term programs also leads to significant administrative burden and does not result in the funding directly reaching clients. These cycles lead to worker and client fatigue and little long term change.[9]

Programs that are place-based, and intending to effect change at a cultural or intergenerational level, need stable funding over long periods of time; ideally, 20 years.[10] A concerted emphasis on capacity building will eventually reduce the community need for targeted services, but such a shift might not be discernible for 7-10 years. This is very challenging from a budgetary / public accountability / political cycle standpoint. It requires commitment from leaders to accept, communicate and persuade as to the benefits of such longer cycles as are needed to disrupt cycles of entrenched disadvantage and dysfunction and reap the far-reaching and multidimensional socio-economic benefits of doing so.

Universal services and targeted services

One of the most difficult questions in social and economic policy concerns the tension between the urgency of tertiary services (and the consequences of not providing them) and the benefits of providing universal and preventative/early intervention services.

This tension, like the Budget process rules, reflects what in behavioural economics is termed present bias and time-inconsistency in temporal choice. That is, the relative over-valuing of short-term, immediate results and the concurrent discounting of longer-term results.

It may be useful to liberalise funding arrangements to allow service providers to direct scarce resources to emerging and changing priorities (ie shift them between universal and targeted service), as required and without penalty (eg spending more time on targeted client groups without fear of the numbers dropping in future reports to funders).

Relationships Australia advises that it would not support diverting more funding to targeted services if to do so would undermine the effectiveness and reach of current universal programs. Relationships Australia notes that the evidence supports co-existence of universal and targeted services with well-designed and effective bi-directional pathways.

Relationships Australia Queensland has suggested that, ideally, current funding levels for targeted services should be increased, in light of demand levels (or at least maintained). Further, if funding for universal and

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[9] At p 6.
[10] See also the recommendations at p 8 of the Discussion Paper, Attachment A. Relationships Australia acknowledges that this would need stringent governance and accountability arrangements.

place-based services is provided separately, it should be for longer contract periods (10-20 years), for the reasons explained above.

Universal services may be experienced by families as less stigmatising than targeted services, and a 'soft' entry that invites, rather than deters, help-seeking. Well-designed pathways, offering a seamless continuum to targeted services, can then offer more tailored responses.

Place-based services

The content of the Papers in relation to place-based services implies some degree of reconfiguration of existing resources to intensify the focus on particular geographic areas. Such shifts do not occur in a vacuum, and can carry heavy transactional costs (including, but not limited to established relationships of trust and good will). Accordingly, robust data is needed to support such proposed re-configurations. Another constraint is that many of the essential services and amenities that, optimally, should be found in close proximity to place-based services can depend on state and local government investments and infrastructure, over which the Commonwealth does not have control (eg health and welfare services, child protection services education services, justice services). For DSS to invest in a place-based approach renders DSS, its funded service providers and service recipients vulnerable to the 'free rider' problem, and other dilemmas of collective action. Relationships Australia acknowledges that requiring disadvantaged clients to attend a potentially difficult to get to, unfamiliar and possibly daunting service location is inappropriate for a range of marginalised groups. That being said, some DSS programs are well-suited to place-based approaches, which could justify the transactional costs and other risks (eg C4C).

If you are a service provider, would the three streams proposed above provide sufficient scope for you to provide services to families and children in the community/communities that you operate in? Why/why not?

Yes, for the reasons described above, and subject to inclusion of a 'connectedness' outcome, and the other limitations that we have described. Services currently provided by Relationships Australia align with these outcomes; for example, Relationships Australia Western Australia provides services in low SEIFA areas and works collaboratively with diverse agencies in several relatively disadvantaged communities. Relationships Australia Canberra and Region provides universal family counselling services to families across southern New South Wales, including areas of high need in the Riverina Murray region and the Australian Capital Territory, and targeted family counselling services to Aboriginal and Torres Strait Islander communities, families experiencing family violence and families with children at risk.

Relationships Australia the assumption that providing services to high need, high cost children and families has the potential to provide 'greater return on investment' (see Background Paper, p 7). Relationships Australia considers this to be highly contestable (and possibly resulting from an application of present bias); more high impact, early intervention/prevention services are, in fact, more likely to offer the community a higher return on investment through savings in the health, education, social welfare and justice sectors, as well as in promoting broader community well-being by foreclosing cycles of intergenerational disadvantage

and dysfunction. Targeted tertiary services to families in crisis must often focus simply on survival, and are by their nature complex, lengthy and costly. Service providers in this context generally do not have the luxury of capacity-building, thus perpetuating vulnerabilities and continuing the need for expensive, intensive services. This is not to say that tertiary services of a targeted nature are not beneficial; simply that prioritising them at the expense of universal and early intervention/prevention services is unlikely to reap 'returns' of any magnitude.

If you are a service provider, how long would it take you to adjust to a change in funding streams?

Relationships Australia adjusts service segments across streams now, adapting to provide holistic responses to clients. This is sometimes hampered by services not being funded, although referrals go some way to fill gaps. Refinements of funding streams may require lead time to allow workforce planning. For example, if the Commonwealth were to divert funding from universal services to fund new targeted and/or place-based services, then major re-structuring would be necessary, causing disruption and potentially disadvantage to current clients. If the Commonwealth were to appropriate new funding for innovative targeted and/or place-based services, to meet the particular needs of higher need or higher risk clients, then Relationships Australia has consistently demonstrated its capacity to respond quickly and effectively.[11]

If you are a service provider, what has been the easiest funding process for you to participate in? Why?

In the experience of Relationships Australia, characteristics of effective and efficient funding processes include:

- transparency in funding assumptions and about broader strategic / political / policy objectives
- early and ongoing workshopping between funders and aspirant service providers to ensure mutual clarity on intended outcomes, alignment of program logic with outcomes that are measurable using quality improvement/innovation methodology to measure and ensure user input. This approach enables aspirant service providers to build capacity and gives the funder an opportunity to ensure greater consistency across service providers about funding expectations.
- clarity about scope for innovation and agility by the service provider in response to an evolving understanding of client needs during the life of the program and, ideally, flexibility for successful service providers to innovate within funding criteria
- knowledge within funders of the broader community services field, and how services can meet need and add value.

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[11] For example, Relationships Australia Canberra and Region is moving to a 'stepped care' model of service delivery to manage the demand on its waiting list. Under this model, not all clients receive a face to face appointment. Some clients are assessed as needing information, referral, case work or group work responses.

If you are a service provider, what has been the most difficult funding process for you to participate in? Why?

In the experience of Relationships Australia, suboptimal funding processes are characterised by:

- opacity by funders as to intended outcomes
- opacity by funders as to the process
- lack of communication by funders in the design, development and delivery stages
- lack of clarity in the specifications
- lack of responsiveness to requests for clarification during the application process (eg inability to provide clear, accurate and timely responses).

Would you support allowing consortiums to apply? If you are a service provider, what timeframe would you need to be able to apply in a consortium if you elected to?

Relationships Australia has experience in engaging in consortia, and there are examples of good and bad practice. We acknowledge that consortia can promote cross-disciplinary collaboration and collective impact approaches.[12] Prerequisites for successful, effective and efficient consortia include:

- that they form organically, between entities with complementary – *not* competing – service offerings and obligations, and that are supported by pre-existing relationships of familiarity and trust
- the provision of generous lead time in tenders, to enable proper due diligence between potential consortia entities (the typical RFT process is usually under two months)
- governance and funding structures that do not permit, foster or incentivise gross asymmetries in power and resources
- rigorous assessment to ensure that bidding consortia do have the actual capacity to deliver (some entities have, on winning a tender without that capacity, then approached unsuccessful tenderers to deliver programs on less favourable terms).

Relationships Australia Western Australia advises that bidding as part of a consortium is very expensive; recent processes in which it has engaged have required an investment between $50,000-$100,000.

Other limitations of a consortium with lead agency model include:

- lack of accessibility by smaller, less well-resourced or well-known providers, thus erecting a barrier to entry and potentially inhibiting service innovation. For example, Relationships Australia notes that some larger organisations have the capacity to include a range of connected and wraparound

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[12] See, for example, Wiyu Laiyu Gari Nga Yandina group, which is a consortium between Anglicare, Relationships Australia Queensland, Centacare and the University of Central Queensland.

services; a rigorous adherence to a consortium-based approach may be a barrier to entry for smaller providers
- the rushed and somewhat 'forced' nature of the process, and the relationships underpinning it, can impair (or simply not foster) collaboration
- collaboration between consortia agencies can be undermined if those agencies have such similar service offerings that they are, in fact, in competition
- complex (and potentially costly) sub-contracting arrangements
- absorption of scarce resources by additional management layers and accountability mechanisms (as well as the cost of constructing a consortium bid, as noted above). The structure of each organisation participating in a consortium stays the same, but an extra layer of management and co-ordination is required properly to administer the contract.

There is a range of examples where 'forced consortia' have failed, to the detriment of the communities they were intended to serve (eg FRC consortia).

Relationships Australia would like to explore further the Department's view relating to consortia. Is the Department's desired outcome actually the provision of holistic, joined up services, rather than the design of particular service models? If so, then the provision of holistic and joined up service should be the explicitly prescribed outcome. The design of models for service provision is best left to service providers, who then have the obligation to ensure that the model will achieve the outcome.

An alternative to consortia-based approaches may be collective action, in which all participants yield some individual power in exchange for the greater capabilities an effective collaboration may deliver. Collective action initiatives need appropriate governance arrangements, tailored to their context.

DSS could consider:

- not mandating consortia, in the absence of rigorous evidence of the need to do so and the benefits to be accrued
- encouraging organic development of relationships between complementary service providers which can ultimately underpin effective collaboration with the aim of delivering holistic services
- separately funding the co-ordination role in consortia (C4C model)
- ensuring that the co-ordinator is not a competitor for service delivery
- funding services with adequate capacity to adapt to local contexts, and design shared outcomes measurement, monitoring and reporting systems.

Aspirant service providers could consider:

- developing new or re-purposed forms of organisations such as co-operatives (cf Les Hems)
- developing new entities to manage joint ventures
- various approaches to 'impact investment'.

Indigenous Grants Policy

Please see **Attachment A** to this submission, which is a Relationships Australia discussion paper from 2017, *Enhancing the responsiveness of the Families and Children Activity for Indigenous families and children.*

Relationships Australia notes that healing of historic and multigenerational trauma is a necessary precursor to, and enabler of, health and well-being. How can this be captured (and measured) as an outcome? It may be that experience in Canada and New Zealand offer some guidance as to how this might be done but, fundamentally, this needs to be Indigenous-led. Relationships Australia notes that, given historic trauma arising from interventions by governments and service providers, Indigenous clients in particular must be offered a soft entry point to services, and services need to be supported to invest in long-term development of relationships with individuals and communities. As Relationships Australia observed in the Discussion Paper at Attachment A,

> The layer of mistrust attached to mainstream non-Indigenous services *adds to* well-recognised barriers to participation such as poverty, lack of transport, systems abuse and disengagement experienced by many disadvantaged and vulnerable client groups. [emphasis added][13]

Relationships Australia notes the imperative for both Aboriginal organisations and non-Aboriginal organisations to be culturally competent. Not all Indigenous clients want to use an Aboriginal controlled service (for example, in communities where there may be conflicts of interest or kinship relationships that make it awkward).

Relationships Australia organisations are well connected to Aboriginal controlled organisations and our staff are highly effective gatekeepers for our mainstream services, as evidenced by increasing numbers of Aboriginal clients who use our services.[14]

In terms of outcome measurement, Relationships Australia suggests that 'client level reporting' is not apt for Indigenous cohorts that, as a matter of culture, focus on community level outcomes. Community level metrics might, as noted in the Discussion Paper at Attachment A, include:

- fewer child removals
- improved school enrolment, attendance and retention
- reduced youth incarceration
- reduced family violence.

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[13] At p 5.
[14] Eg in Relationships Australia Canberra and Region, 8% of its clients and 10% of its staff.

There, Relationships Australia suggested that

> Funding bodies will need to accept that the outputs of programs [oriented to measurement of such outcomes] will be less, but there is huge potential that the longer term outcomes will be better. Rather than calling these initiatives 'place-based', we prefer 'community-building' programs.[15]

Principle 2 – Targeted Service Delivery

Which clients should priority be given to? [Maximum of three]

Relationships Australia considers that comparisons of relative disadvantage and vulnerability are not useful to establish funding priority, given that most vulnerable clients present with multiple co-morbidities.

As a guiding principle, complexity of need/presence of multiple co-morbidities and intersectional disadvantage should underpin prioritisation for targeted services. However, it is currently unclear as to how much disadvantage would be considered sufficient to render a family or individual eligible to receive targeted services as a priority.

Relationships Australia notes that working with clients with these characteristics requires additional resources (time as well as money), and that this can affect outputs. Families and cohorts that have suffered ongoing trauma and marginalisation, for example, may require an investment of time and energy, over an extended period of time, before they will engage sufficiently to benefit from therapeutic interventions. Effective work in these area can also require program design changes, access to multiple data sets to ensure groups are targeted appropriately, additional staff training, specialised premises, and specialised workforce planning and recruitment.

Although Relationships Australia already provides, across the country, a range of targeted services, we acknowledge that a greater focus by the Commonwealth on such services would require additional resourcing and carefully designed, flexible program parameters and outcome measures.

How could we improve access to our services and improve outcomes for these clients?

Options to do this include:

- consulting with client target groups
- investing in an appropriately skilled workforce (eg an Indigenous workforce)
- investing in outreach models – it is unreasonable to expect highly vulnerable people to come to urban offices

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[15] At p 9.

- enhanced engagement with communities, over extended periods of time, enabling the building of trusting relationships which can then afford soft and de-stigmatised entry
- investing in community development programs to build trust and access, and reduce stigmatisation.

Without question, the most effective change in practice that Government could make would necessarily be preceded by recognition of the following:

- effective therapeutic relationships – *particularly* with cohorts affected by trauma and marginalisation – require time to develop
- effective collaborative relationships require time, trust, shared experience and complementarity to develop
- effective programs need time to be properly established, to gain recognition in the community, to be refined to maximise efficacy, and to be evaluated and adapted further
- rigorous evaluation needs to be done by appropriately skilled professionals and should not be resourced from funding that should be allocated to service delivery.

If you are a service provider, how long would it take you to develop the partnerships, approaches and service delivery mechanisms needed to service these clients?

Relationships Australia already provides effective services to clients in the identified cohorts, enabled by strong and well-maintained relationships with Indigenous communities and entities. Relationships Australia currently assesses, risk screens, triages and prioritises clients on their entry into our service systems.

For example, Relationships Australia Western Australia prioritises hiring and supporting Indigenous staff and is currently working to build further relationships with several Aboriginal Community Controlled Organisations. Relationships Australia Western Australia supports empowering and supporting ACCOs, including through transitioning funding in a way that will best tend to support success.[16] Workforce planning and development, to staff ACCOs with appropriately qualified and skilled workers, is vital in this regard. In the Discussion Paper at Attachment A, Relationships Australia notes that

> It is difficult to find suitably qualified and skilled staff, particularly where the service requires professional, tertiary level qualifications, as is the case for many of the services provided by Relationships Australia. Many staff require support on their journey to obtain these qualifications which is expensive for an organisation that needs to maintain mainstream service delivery targets, and requires a long-term commitment from both staff and the organisation.[17]

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[16] See also the Dhunlung Yarra Unit in the Relationships Australia Canberra and Region.
[17] At p 4. In 2009, Relationships Australia Canberra and Region offered a Diploma of Counselling Course for Aboriginal and Torres Strait Islander people with seed funding from government (although it was largely self-

Locations

What, besides disadvantage, should we consider in identifying possible locations for a place-based approach?

Relationships Australia considers that there would be benefit in DSS being more explicit about what it considers to be the essential characteristics of a place-based service. Currently, the term is used in varying ways (eg physically co-located services in a hub, or outreach to people in their homes, technology-enabled or supplemented,[18] or a combination of these etc).

In any event, the success of place-based services is heavily reliant on community and client engagement – the earlier the better - in identifying the most salient service offerings that will support timely help-seeking. Factors to be considered in identifying locations for various place-based models might include:

- location of Indigenous and CALD communities
- locations with high unemployment, poverty and violence
- locations where people congregate – eg schools and universities, major hospitals, shopping centres, entertainment and leisure precincts, community centres, child care facilities, aged care facilities (residential and otherwise)
- the availability of access – public transport, parking, cost of public transport and/or parking, accessibility for those who experience disability.

Often, disadvantaged groups live in outer suburbs that are poorly serviced by public transport and do not have ready access to reliable private transport. Situating services at or near transport interchanges helps. In most metropolitan areas, transport routes tend to be arranged radially from the centre. We note that public transport is unaffordable for seriously disadvantaged clients. Relationships Australia offers a range of place-based services that build on established service networks in rural and regional areas. These could be further developed. We note that it takes many years of continuous service to build trust in marginalised and disadvantaged communities, and periodic rotations of new providers and staff can undermine therapeutic endeavour.

Relationships Australia Queensland notes that place-based services can create a conceptual challenge around service provision for different kinds of disadvantaged cohorts. For example, LGBTIQ clients and DFV clients do not necessarily live in low socio-economic areas in which place-based services tend to be located.

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funded over its years of operation). It is a mainstream qualification, but has tailored content that was developed in consultation with Aboriginal and Torres Strait Islander community stakeholders. It was positively evaluated by its 64 graduates. Unfortunately, we are not currently offering this qualification due to resource constraints. Some of our Indigenous staff are working towards counselling qualifications through our registered training organisation at Relationships Australia South Australia.

[18] Noting that technology can be a barrier to access by some clients (eg those who lack reliable, consistent and private telephony or internet services). Where technology and online services are considered, it is important to factor in client co-design to ensure appropriate solutions are put in place. Relationships Australia Queensland offers a hybrid of a virtual service method and personal contact.

Are there any communities that you think are ready for a place-based approach?

Possibilities in New South Wales include:

- Doonside in Blacktown LGA
- Ryde LGA
- The Riverina Murray Region, which includes the following LGA's: Bland, Carrathool, Coolamon, Griffith, Gundagai, Hay, Junee, Leeton, Lockhart, Murrumbidgee, Narrandera, Snowy Valleys, Temora, Wagga Wagga, Albury, Balranald, Beckom, Berrigan, Cootamundra, Deniliquin, Greater Hume, Murray, Tumbarumba, Tumut and Urana

Possibilities in Queensland include:

- Wide Bay - Bundaberg, Burnett, Gympie-Cooloola, Hervey Bay and Maryborough
- Ipswich
- Logan / Beaudesert
- Morton Bay North and Morton Bay South
- Thursday Island
- Sunshine Coast.

Possibilities in Western Australia include:

- Kwinana, which has been the focus of a recent Woodside Child Development funding initiative
- Mirrabooka, Armadale and Fremantle have been the focus of Secondary Family Support Services.

Possibilities in Tasmania include:

- Clarence
- Huon Valley
- Derwent Valley
- Glenorchy
- Hobart
- Brighton
- Southern Midlands
- Sorell
- Kingsborough
- Tasman

Possibilities in the Northern Territory include:

- Darwin
- Wurrumiyanga (Tiwi)*
- Batchelor
- Nauiyu (Daly River)*
- Katherine
- Alice Springs

Possibilities in the ACT include Belconnen, Tuggeranong, Weston Creek and Woden.

Possibilities in South Australia include Adelaide, Metro Inner West and West.

Principle 3 – Data and Evidence Driven

Evidence Informed Programs

What do you think is the minimum evidence that should be supplied to demonstrate that a service is supported by evidence while still enabling innovation?

Prescription of an evidence requirement could inadvertently reduce innovation. Programs run by large organisations will benefit at the expense of smaller organisations because they can resource unfunded trials and evaluation. Generally, funding only covers service delivery. If service providers are required to undertake evaluation of their service delivery, then evaluation should be funded as a discrete component, along with funding for service delivery.

The minimum evidence should include:

- service-specific program logics, developed in consultation with the sector, using theories of change that are based on principles established by the literature
- client satisfaction with the service
- early outcomes rating using validated scales within the context of a program logic model.

Beyond this, further evidence could be presented (with additional resources), through:

- longitudinal follow-up studies of clients and families
- randomised control trials (with the caveat that these can be limiting and inaccessible for most NGOs; there is also the issue of ethics approval, especially where vulnerable cohorts are involved)
- comparison of interventions
- benchmarking against population data
- pre and post client assessment.

Relationships Australia offers the additional observations relating to the development and support of evidence-based practice.

<u>Resourcing evidence-based practice</u>

Relationships Australia notes that government funding rarely provides for the development, testing and delivery of evidence-based programs, which requires high degrees of expertise, discipline, fidelity and consistency. This is likely to be particularly challenging for smaller organisations, that are less likely to have staff trained in data collection, analysis and research and may, as foreshadowed above, inadvertently create a barrier to entry.

Does evidence-based practice inhibit innovation?

Relationships Australia notes that requirements for evidence-based services cannot readily accommodate innovation, because funding is provider for service delivery, and not for research and evaluation. This means that service providers must self-fund collection and analysis of evidence for an innovative program, on the basis of which it can then bid for funding. Most services cannot conduct research and evaluation in-house, due to lack of financial resources and / or specialist research skills. Relationships Australia notes that the Government itself outsources research and evaluation to expert bodies such as AIFS and SPRS, underlining the need for expert professional capacity to support high quality data collection, evaluation and analysis.

Data collection and client relationships

Clients may view data collection as a burden that is not linked with better service delivery – funders and service providers must be challenged to make those links clear to clients, communities, and government. Data collection can be particularly challenging in the provision of universal services (eg early intervention, prevention and capacity building services). Further, data collection can be problematic in programs and with cohorts where field workers are unlikely to be suitably skilled or qualified to collect data, and where client cohorts have a history of adverse engagement with services and data collection. In the Discussion Paper at Attachment A, Relationships Australia noted that

> We observe ongoing suspicion about data collection by our Indigenous clients and as a result the data we collect is often biased towards the more highly functioning families, or those who have less complex issues. Often the choice not to participate [in data collection] is the only power these clients have in the service….If this biased evidence is used to drive policy reform, it will not reflect the true picture of Indigenous service users.[19]

Relationships Australia suggested, in that Discussion Paper, that

> What is needed are innovative ways of collecting data from Indigenous people, such as collecting wellbeing through art, collecting stories and translating them into wellbeing outcomes, or embedding small amounts of data collection in the process of delivering the service. One word answers and tick boxes do not work for many Indigenous people.[20]

Indeed, it might reasonably be considered that 'one word answers and tick boxes' may not provide a robust evidence base among many cohorts, and innovative data collection should be a matter of concern for the development and implementation of mainstream services.

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[19] At p 9.
[20] See p 9.

<u>Are there cases where evidence-based practice should not be the over-riding consideration?</u>

Relationships Australia cautions against inadvertently excluding excellent and established programs for which evaluation has not yet been provided.[21] It may be appropriate to provide time and funding for such programs to be evaluated before mandatory evidence requirements are imposed. For example, data collection could be included in the role description for staff, and funders could recognise the need to allow time for staff to be trained to collect and process data, and to undertake those roles.

If you are a service provider, how do you know that the program you are delivering is making a positive impact on outcomes for family/children?

Relationships Australia's understanding of the effectiveness of our services is informed by:

- client satisfaction surveys
- client feedback on program content and process
- professional judgement of client circumstances
- administering validated scales for various programs, including:
    - the Working Alliance Inventory
    - Kessler Psychological Distress Scale
    - Justification of Domestic Violence Scale
    - Gender equity scale
    - Intimate Partner Violence Attitude Scale
    - Rosenberg Self-Esteem Scale
    - Multidimensional Scale of Perceived Social Support
    - Parenting Sense of Competence Scale
    - Passionate Hate Scale
    - DOORS screening tool (McIntosh and Ralfs) as a pre- and post-measure of risk.

Relationships Australia continues to develop capacity to monitor and measure the outcomes of all programs it delivers. While there may be local variations, the full process can include:

- developing program logic and theory of change models based on available literature and professional expertise
- identifying the most appropriate outcome measures for each program
- deploying them into its data collection system
- developing accessible outcome reports for managers
- monitoring program outcome data in real time
- modifying programs as required.

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[21] Relationships Australia notes that evidence based practice can co-exist with practice based evidence.

Relationships Australia services are supported and informed by its National Research and Evaluation Network (which is reciprocally supported by data and insights from our services). This Network is a forum to share issues and identify opportunities to develop collaborative research projects to address gaps in knowledge, including evaluation of particular service types. The work of the Network was recently showcased by a Symposium at the biennial conference of the Australian Institute of Family Studies.

If you are a service provider, would you be able to demonstrate that your services are supported by evidence? How long would it take for you to demonstrate this?

Relationships Australia services are based on proven methodologies reported in the academic literature. We use instruments including those listed in the response to the preceding question to collect client outcomes and performance data. Analysis of this data allows us to measure the effectiveness of how we deliver these evidence-based methodologies to clients.

Relationships Australia New South Wales is currently developing a comprehensive evaluation framework to guide the systematic collection and analysis of evaluation data across its diverse programs. This framework will be based on clear program logics using evidence-based principles and established best-practice. There are opportunities to enhance consistency and joining up of evaluation processes within Relationships Australia New South Wales and Relationships Australia Canberra and Region. Work is underway to collect more consistent outcome data from July 2019.

Measuring Outcomes

What does success look like for families and children in your community and/or service?

This varies depending on the goals of each program and program logic (and, at a higher level, the funder's mission statement).

Generically, Relationships Australia describes success according to whether:

- families resolve disputes and manage their relationships well, upholding children's rights
- individuals have satisfying personal and social relationships
- families and relationships are safe, and free of family violence
- people can manage the effects of childhood trauma
- individuals, families and communities have good mental wellbeing
- people live well in their communities
- clients know where to go to get help
- clients achieve the goals they set when they came to us.

How do you measure this?

Relationships Australia uses quantitative and qualitative measures, including:

- client satisfaction
- client feedback on process and specific interventions
- achievement of goals (through professional judgement entered into SCORE)
- the working alliance inventory for twice-yearly snapshot survey
- program-specific validated scales
- descriptive data on numbers and types of clients attending services
- partnerships with research institutions for more in-depth research.

What changes do you expect to see in the short, medium and long term?

The answer varies depending on the program and the applicable theory of change. At a general level, Relationships Australia expects clients to:

- improve immediate safety
- gain insight and knowledge about their circumstances and concerns (short term)
- gradually learn skills and develop new ways of thinking and helpful attitudes about self and others (medium term)
- enact positive behavioural changes within their personal and social relationships (longer term).

These can relate to, for example, communications skills, conflict resolution, parenting practices, self-esteem, stopping use of violence, and other program-specific goals.

While there are programs in which Relationships Australia conducts follow-up evaluations to measure sustainability of change or to measure population outcomes,[22] it does not have capacity within current funding to do so across all of its programs.

Should there be consistent indicators and measures across Australia, or should there be consistent indicators with different measures for different communities?

Presupposing the desirability and achievability of consistent measurement (which might be contestable), **nationally consistent population outcomes** should be set by the Commonwealth, with a well-described program logic (eg improved family wellbeing, fewer children in out of home care, less depression among people over 60 years of age).

Sitting beneath these national outcomes should be community- and service-specific **indicators of progress** towards the population outcomes. These indicators should cater to the circumstances and needs of different client population (eg improved communication, enhanced relationships, better community

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[22] Eg TRRR Men's Behaviour Change Programme and Non-Violent Resistance programme.

connection, less stress for carers of children with disability, less acrimony during separation etc). The indicators should directly relate to the theory of change applicable to the program.

Those indicators of progress should be measured by use of a range of **validated instruments and scales**, agreed to by DSS and service providers. This would support a consistent approach to outcome measurement, while appropriately reflecting different methodologies and contextual issues. Service providers should be able to select the measures most apt to respond to local conditions (eg SDQ, ORS, K10, or a locally-developed measure that is supported by community validation). There should be at least one validated instrument to use in each program.

There are important preconditions for reliable measurement as suggested in this response. These include:

- theory of change
- adequate resourcing for data collection, measurement, analysis and interpretation
- a coherent outcomes framework
- consensus on interpretation of the evidence
- clarity about program objectives
- the strength of the evidence base for programs
- agreements about types and scope of interventions (including agreements to fund evidence-based practices which are generally more expensive to implement with fidelity)
- the use of validated measures that can be reliably used with particular communities.

Relationships Australia acknowledges that data sharing would be better supported with agreed outcomes, measurement methods and industry standard data structures (not just with SCORE but also validated assessment tools).

Would you be supportive of reporting on client outcomes through the Partnership Approach?

Yes. Many Relationships Australia organisations already participate in the Partnership Approach. It would also be optimal for DSS to pursue a more integrated and collaborative approach with other Commonwealth and State/Territory agencies that fund services intended to achieve outcomes that are related to those sought by DSS (eg health, education, child protection employment and justice services portfolios). This would, in the view of Relationships Australia, provide transformative leverage to collaboration in service delivery. Relationships Australia does, however, acknowledge the significant historical, Constitutional, cultural and other barriers that impede effective cross-portfolio and cross-jurisdictional collaboration.

In this regard, please also refer to the Relationships Australia National Submission to the Data Exchange SCORE Translation Matrix Discussion Paper.

There may be other options. For example, Relationships Australia notes the work of CoLab in Western Australia, the Murdoch Children's Research Institute in Melbourne, the Opportunity Child national network of initiatives and associated international programs (eg in Canada, the United Kingdom and the United

States of America). However, most of these offer a more complex way to work than that offered by the Partnership Approach; they would require additional time, funding, and maintenance.

If you are a service provider, what tools and supports would you need to implement the Partnership Approach? How long would you need?

This kind of approach requires adequate resources.

If you are a service provider, what support would you like over the course of a funding agreement to ensure that your services remain supported by evidence and data to improve outcomes for families and children?

Relationships Australia would welcome:

- financial assistance to use technology to administer the outcome measurement instruments. Instruments should be embedded in client management systems and work with our current software to analyse and report the data meaningfully
- information about outcomes to come back from DSS at regular and timely intervals to support agility in program development
- targeted funded evaluations of programs in a rolling cycle, with constant feedback and review – evaluation should not be a 'hidden' cost to service providers.

Principle 4 – Early Intervention and Prevention

If you are a service provider, what early intervention and prevention services do you currently provide that help achieve the three outcomes proposed?

Such services currently provided include:

- counselling services to individual people, couples and families
- family law services which aim to reduce conflict in families
- dispute resolution services
- partnerships with grassroots organisations (eg cultural groups and other groups with a community development approach) to support their work, add service elements to complement theirs, and extend reach and access
- participation in Family Law Pathways Networks
- work with students, parents and teachers in a school/pre-school context eg parenting programs, healthy relationships programs, emotional intelligence programs
- DSS-approved parenting programs such as Triple P and EPEC
- group programs in workplace contexts
- elder relationships services, which can include (for example) family group counselling to support a family to identify, and plan responses to, issues emerging as family members age and needs change

- relationships education programs, which contribute to all three proposed outcomes
- family and domestic violence services that provide whole of family support (eg women's groups, men's behaviour change programs, children's programs).

Relationships Australia seeks to engage children and young people in the full spectrum of services (including tertiary services) to create opportunities to break cycles of disadvantage and dysfunction.

If you are a service provider, what is preventing you from providing early intervention and prevention services to improve the three outcomes identified?

Barriers that inhibit the development and implementation of early intervention and prevention services include:

- insufficient funding for outreach to vulnerable communities
- numbers of clients who are high risk and must be prioritised
- funding that is reported for individual outcomes and outputs, rather than community level outcomes
- the difficulty in identifying measurable and politically viable outcomes for such services and in identifying modifiable drivers of differential impacts
- lack of support for providers to undertake preventative work the impact of which can, as noted above, be inherently difficult to quantify, despite its far-reaching impact
- as a corollary of the preceding point, funder requirements to prioritise vulnerable at risk clients, to the detriment of our capacity to undertake early intervention/preventative work
- lack of support for providers to undertake relationship building work over extended periods that can be a prerequisite to engaging fragile communities, particularly in cohorts with a history of trauma (for example, Indigenous communities where trauma suffered from previous engagement with services can deter help-seeking).[23] In working with Indigenous communities, for example, Relationships Australia staff undertake considerable community engagement work out of hours, attending local sports and arts events, shops or community activities. This kind of community participation, which is 'hidden from view' in terms of measurement and reporting, allows space and time in which relationships can develop and, over time, clients may come to trust the service sufficiently to feel safe in engaging and seeking help
- short funding cycles
- prescriptive funding programs which restrict providers from shifting effort and resources to early intervention and prevention, as needs emerge and evolve.

One example of an innovative program was described in the Discussion Paper at Attachment A:

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[23] As observed in the Discussion Paper at Attachment A, 'Some Indigenous people still see therapeutic services aligned with stolen children....Our services report the support for Indigenous families must be case managed and provided free of charge.' (at p 6).

Two of our Indigenous workers ran a school holiday program that was developed locally. At the centre of the program were cultural activities which are an essential part of Indigenous healing. The program was run with no agenda, with the children being asked what they would like to do, and then the workers waited for them to show interest. This is a stark contrast to living in detention where children have no control over what they do. The workers told them what they themselves could do, for example they knew how to make nets and throw spears. Once the young people began to engage, there was *room for conversation and therapeutic intervention*. The cost of conducting the program was the cost of basic materials and the time of the workers, with the young people leaving with connection to country. These programs are designed by the people, for the people and were supported by counsellors from [Darwin's] Danila Dilba, one of the local Indigenous services. *These types of activities rarely fit within program guidelines or the criteria for evidence-based programs. These types of eco-therapy, including mindfulness, relaxation therapies and connection to country activities create an essential safe and calm space for victims of trauma.* [emphasis added][24]

How could government and service providers better balance crisis support with early intervention and prevention activities?

Relationships Australia acknowledges that funders and service providers alike can be overwhelmed in the face of the scale and exigency of crisis support, to the detriment of focus on early intervention and prevention activities. Within service providers, organisational mission and values ensure that disadvantaged clients receive a service, regardless of funding status. However, capture by the urgent can be mitigated by:

- longer term planning, beyond election and budget/forward estimates cycles, that consciously and explicitly acknowledges the multi-generational impact (beneficial and adverse) that service interventions can have, and which takes into account present bias
- explicit focus on disrupting and ultimately breaking multi-generational cycles of poverty, disadvantage, dysfunction, and lack of social and economic capital
- discrete funding (and metrics) for early intervention and prevention activities
- public education to de-stigmatise and incentivise help-seeking at early stages
- clear line of sight between programs and outcomes frameworks
- sufficient funding to enable service providers to cope with both crisis needs and early intervention supports
- development of rigorous measures to calibrate the impact of early intervention and prevention measures (sometimes capturing by the urgent can arise because the effect of crisis interventions is more easily measured and thus more readily amenable to justification)
- measurement, recognition and incentivisation for preventative services.

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[24] See p 7.

Principle 5 - Collaborative

If you are a service provider, how confident are you that you have developed meaningful relationships with relevant stakeholders in your community?

Relationships Australia is consistently brokering new collaborations and relationships with other organisations and community groups. These partnerships centre on referral protocols, joint service delivery, service design and innovation, mutual capacity building, community projects and activities.

Relationships Australia is consciously working to build customer voice more centrally into service design and feedback mechanisms.

What could we do to help you develop these relationships?

Relationships Australia would welcome DSS:

- reducing silos within its portfolio as well as advocating for the reduction of siloing between portfolios
- standardising report requirements
- convening and funding more fora to undertake joint planning, place-based consultation processes, sharing research and learning, and building collective capacity
- resourcing the development and maintenance of an online directory of services to support up to date referral practices
- recognising the value of networking with other service providers and across disciplines, and ensuring funding arrangements do not require resources to be diverted from service delivery to networking.

If you are a service provider, do your existing referral mechanisms support families and children to access a holistic service response? What could be done to improve this process?

Relationships Australia is committed to providing holistic service responses to families and their children and has well-developed referral relationships. Service gaps still exist, and community needs analysis needs to be funded to ensure clients are supported through their service journeys. Case management services are an example of a kind of service that should be funded into the future to assist clients with multiple complex needs.

We note, however, that service delivery occurs against a background of extreme fragmentation of relevant systems, structure and services, and the obstacles that fragmentation places in the way of help-seeking behaviours and meeting families' needs.[25] Relationships Australia acknowledges that this fragmentation, as

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[25] See the Relationships Australia submission in response to the Discussion Paper published by the Australian Law Reform Commission on reform of the family law system, available at https://www.alrc.gov.au, pp 67-9.

far as it relates to the kind of services for which DSS has portfolio responsibility, can be characterised as deriving from:

- Commonwealth Constitutional power, and its relationships with State powers to legislation (eg in relation to homelessness, child protection, out of home care and family violence)
- separation of powers within the Commonwealth Constitution
- interacting legal frameworks, including child protection and welfare, criminal law, adult guardianship law, mental health etc
- interacting accountability and disciplinary mechanisms between the Commonwealth, State and self-regulating professions
- bureaucratic siloes, including in funding programs, so that one service provider can, in relation to a single family, be administering funding for overlapping services from multiple government funders, at different levels of government, imposing substantial administrative burdens and costs
- competition between services, driven by contestable assumptions that competitive tendering is a necessary and sufficient pre-condition of innovation and efficiency; however, funding grants also call on services to act collaboratively
- bureaucratic siloes –program objectives between different portfolios can undermine each other (eg one government program creating or exacerbating a vulnerability that another government program is required to respond to)
- life span phases – rather than focusing on the duration of the family dynamic, and supporting the well-being of families throughout the life span (eg intergenerational conflict, elder abuse, conflict among adult siblings[26]
- difficulties around sharing information between and within governments.

Relationships Australia further notes the 2015 and 2016 reports by the Family Law Council on responses to families with complex needs. A fundamental theme of both of these reports was the impact of these kinds of fragmentation on vulnerable families who are often ill-equipped to navigate highly fragmented service responses. This is a service gap not supported by existing funding arrangements, which do not support case management activities.

For example, a single family affected by family violence may potentially deal with: child protection services, police, domestic violence advocates, Centrelink, legal services, family court consultants, ICLs, hospital and medical staff, child health services, counsellors, school teachers, day care staff, school and private psychologists, chaplains, and Children's Contact Services.

Fragmentation exacerbates risks around re-traumatisation, disrupts effective therapeutic responses to peoples' needs, and can enable the continued perpetration of abuse. Relationships Australia Northern

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[26] We note, in this connection, our comments in response to the KPMG final report on *Future Focus on Family Law Services*, 2016, commissioned by the Attorney-General's Department. This can be found at Appendix E of Relationships Australia's submission to the ALRC review of the family law system: see www.alrc.gov.au.

Territory staff has noted, for example, that an increasing number of FDR clients presents each year with multiple complex issues. They are unable to access all the siloed services they require without the clinical assistance of a social worker. FDRPs make referrals, but often clients need further help navigating the services. Such assistance is currently unfunded. Relationships Australia New South Wales has suggested that the capacity of the service system to respond to client referrals is a more pressing issue than planning for holistic service delivery.

What could Government do to support you to build these collaborative and referral mechanisms?

See above.

Closing comments

Thank you for the opportunity to provide comments on this draft white paper. We would welcome further opportunities to be involved in this work. Should you require any clarification of any aspect of this submission, or need information on the services that Relationships Australia provides, please contact me or Ms Paula Mance, National Policy Manager, Relationships Australia.

Yours sincerely,

Alison Brook
<u>National Executive Officer</u>

2018

ATTACHMENT A

Enhancing the responsiveness of the Families and Children Activity for Indigenous families and children Discussion paper – August 2017

The work of Relationships Australia

This paper is written on behalf of Relationships Australia's eight member organisations. It complements any separate submissions provided by Relationships Australia State and Territory organisations.

We are a community-based, not-for-profit Australian organisation with no religious affiliations. Our services are for all members of the community, regardless of religious belief, age, gender, sexual orientation, lifestyle choice, cultural background or economic circumstances.

Relationships Australia provides a range of support services to Australian families, including counselling, dispute resolution, parenting programs, children's services and relationship and professional education. We aim to support all people in Australia to achieve positive and respectful relationships. We also believe that people have the capacity to change their behaviour and how they relate to others.

Relationships Australia has been a provider of family relationships support services for more than 70 years. Relationships Australia State and Territory organisations—along with our consortium partners—operate one third of the 65 Family Relationship Centres across the country. In addition, Relationships Australia Queensland is funded to operate the Family Relationships Advice Line.

The information in this submission reflects our experience in employing Indigenous people and delivering mainstream and targeted programs to Indigenous clients. It also reflects our experience in collecting, storing and analysing data in our client management systems, and the research and evaluation we have undertaken in the course of supporting children, young people, adults, families and communities. Our comments are informed by the experiences of clients, discussion with Indigenous and non-Indigenous practitioners and support workers, research and reports.

Introduction

This paper responds to the discussion paper presented to the Community Services Advisory Group: *Enhancing the responsiveness of the Families and Children Activity for Indigenous families and children.*

Thank you for the opportunity to comment on the paper. We hope the information we have provided helps to inform the Department's policy thinking. For enhanced readability we have divided our thoughts into three main themes: workforce issues, client barriers and data issues.

Workforce issues

Attracting and retaining Indigenous staff

Mainstream services are not, and cannot be, delivered in the same way to Indigenous and non-Indigenous people. While around 5% of clients across all of our mainstream programs are Indigenous, in reality, 'mainstream' services delivered to Indigenous clients operate almost as a program within a program.

We believe that mainstream services cannot be delivered to Indigenous people without Indigenous workers, and without culturally fit and respected non-Indigenous workers. Relationships Australia has put a great deal of effort into workforce development to increase the percentage of our staff who identify as Indigenous, and we note a direct correlation between the number of Indigenous staff working in a program and the number of Indigenous clients accessing that program.

In order for the service to attract and retain Indigenous staff, the workplace and organisation must also be culturally fit. The engagement with Indigenous people must be authentic and the organisation must truly embrace diversity to attract Indigenous staff. This must be communicated to, and respected by, the communities from which Aboriginal workers come.

Often, recruitment of Indigenous staff relies on personal recommendation. Many Aboriginal workers will not apply for a position at a mainstream organisation unless they have built relationships with staff and the organisation has other Indigenous workers. As such, it is imperative that mainstream organisations build relationships with Indigenous organisations. If the organisation lacks diversity and cultural fitness, Indigenous workers might not be respected when they are working with Indigenous clients, and trainees and cadets will not stay with the organisation; preferring instead to work in Indigenous organisations or within the community. At Relationships Australia, current Aboriginal staff members are integral to successful recruitment, including sitting on selection panels when the organisation recruits Indigenous staff, and communicating the cultural fitness of the organisation to the broader community.

The cost of employing Indigenous workers in our organisation is considerably greater than for non-Indigenous workers. Indigenous workers need to be employed, at least, in pairs—preferably a man and a woman—to allow for cultural considerations in communities and for peer support for workers. In reality, a workplace needs a minimum number of workers to create a legacy of relationships and supports if one worker leaves the organisation. Indigenous staff do not always work with Indigenous clients. Some of our Indigenous staff work part-time (or not at all) with Indigenous clients, but may supervise Indigenous staff and help improve the cultural fitness of the organisation.

Indigenous workers at Relationships Australia benefit from both clinical and cultural supervision and our organisation takes its responsibility for cultural supervision seriously (see Appendix A for an example of a policy). Where we do not have internal resources, partnerships are formed with local Indigenous organisations to allow for internal cultural supervision.

The organisation must also provide choice in cultural supervision for Indigenous staff. Not all staff will want Indigenous supervisors as this may make them culturally vulnerable (their position in the community may make it difficult to submit to an Indigenous supervisor), and some will want different clinical and cultural supervisors. In some locations, cultural supervision is done in groups, and clinical supervision one-on-one. What is important is that staff have choice and this choice needs to be adequately resourced.

In most organisations, enterprise bargaining agreements have been modified to take account of 'sorry business' and cultural needs, including flexible leave to allow staff to attend funerals (high rates of suicide, and premature death from poor health). We have also re-written job descriptions and personal development plans. Services must recognise that these staff are often representatives of their communities and more often than not carry the burden of trauma of and for their family and community associated with their history of colonisation. For example, our Indigenous workers often have a heartfelt desire to work with people with trauma. However, Indigenous workers may be carrying their own experiences of trauma whilst simultaneously suffering vicarious trauma related to their work. Where they develop counselling skills they work in their communities 24/7 and our workplaces have a duty of care to ensure that they are appropriately supported. This out-of-hours work is often not counted in performance reporting and workplace stress and burnout is a serious concern.

At Relationships Australia, workplaces that have been successful in attracting and retaining Indigenous workers have reduced the amount of time workers need to spend on direct service provision to allow appropriate time for workers to network with Indigenous families, elders and service providers, and to build relationships and trust. This is commonplace in Indigenous organisations who know and understand these issues, but a mainstream organisation is bound by mainstream funding targets. It is therefore difficult to meet reporting requirements set by funding bodies and give Indigenous workers appropriate support to undertake this work.

Our Indigenous workers also often bear the lived legacy of the 17 year gap in life expectancy between Indigenous and non-Indigenous people and this significantly impacts on their ability to maintain employment. They may have significant personal health issues, be supporting family members with significant health issues, or they may be raising their grandchildren. These issues can quickly lead to burnout if the workers do not have the proper support and opportunities to do different kinds of work in the organisation to give them a break to ensure their personal wellbeing.

Regular meetings of Indigenous staff are essential, including with senior executives to ensure collaboration and support plans are embedded in the organisation. Our Indigenous workers have regular contact with our state and territory CEOs and visibility with our Boards. Our organisations participate in cultural awareness training and cultural activities, and two-way learning whereby Indigenous staff teach non-Indigenous staff.

At the federation level, Relationships Australia supports a national network of Indigenous staff with the active support of a CEO sponsor. In 2007, the Relationships Australia Indigenous Network developed a framework for action that has underpinned Relationships Australia's commitment to Aboriginal and Torres Strait Islander peoples over the last decade. The objectives are summarised below and the full report is at Attachment C.

Objective 1: Create greater access, choice and equity in Relationships Australia service provision which will increase the number of Aboriginal and Torres Strait Islander Australians accessing Relationships Australia services.

Objective 2: Develop and implement, in partnership, innovative practice models. Social justice, in this context, refers to equity in distribution of social resources, opportunities and obligations, access and participation.

Objective 3: Influence funding bodies' policies and decision making processes, at a state and national level, in ways that reflect Aboriginal and Torres Strait Islander Australian communities identified needs and concerns.

Objective 4: Demonstrate a strong and active commitment to facilitating and expanding employment opportunities for Indigenous Australians within Relationships Australia.

Training

It is difficult to find suitably qualified and skilled staff, particularly where the service requires professional, tertiary level qualifications, as is the case for many of the services provided by Relationships Australia. Many staff require support on their journey to obtain these qualifications which is both expensive for an organisation that needs to maintain mainstream service delivery targets, and requires a long-term commitment from both staff and the organisation. It also helps if Indigenous workers are supported to understand the business of the organisation and other mainstream referral organisations as they will be responsible for translating mainstream service offerings to Indigenous clients. Many of our mainstream services do not have the funding or resources to provide this level of support and this limits their capacity to do what is necessary to recruit and retain Indigenous staff and correspondingly the number of Indigenous clients who are willing to access services.

Relationships Australia organisations have invested in training for Indigenous staff in a number of ways. Since 2009, Relationships Australia Canberra and Region, for example, has offered a Diploma of Counselling Course for Aboriginal and Torres Strait Islander people with seed funding from government. It is a mainstream qualification, but has tailored content that was developed in consultation with Aboriginal and Torres Strait Islander community stakeholders. An extract from the Relationships Australia Annual report 2014 at Attachment A provides details of an evaluation of the experiences of 64 graduates of the Program. Unfortunately we are not currently offering this qualification due to resource constraints; however, some of our Indigenous staff are working towards counselling qualifications through our registered training organisation at Relationships Australia South Australia.

All staff employed at Relationships Australia receive accidental counsellor training and some Indigenous workers are studying towards, or have achieved, counselling qualifications (as described above). At present, we are fortunate to have a handful of Indigenous staff with the tertiary qualifications necessary to provide dispute resolution and counselling services. These staff play a pivotal role in supporting other staff who are studying towards these qualifications and can provide some supervision. However, in urban areas in particular, these few highly skilled staff are drawn back to Indigenous organisations or the health sector where salaries are higher and/or there is a larger Indigenous workforce.

Recommendations

- The Department investigate policies and resources for supporting the cultural fitness of mainstream organisations.
- The Department look at strategies for increasing the pool of Indigenous workers who are qualified to deliver social services.

Client barriers

There is a multitude of evidence that exists elsewhere on the barriers to service access for Indigenous people, and our comments here attempt to add to this knowledge by sharing some of our learning in delivering mainstream services to Indigenous people. Many of these point confirm the findings of previous analyses and reports such as the summary of what is needed in Aboriginal healing services published by the Institute of Family Studies (Caruana, 2010).

If Indigenous clients cannot see someone they recognise at the service, they will not attend that service. They need and want choice in the practitioners they see. Sometimes they will request an Indigenous worker and sometimes they will request a non-Indigenous worker. If they request the latter, then they are likely to want assurance that this person is trustworthy and supported by Indigenous people.

As is the case with strategies for attracting Indigenous staff, Indigenous community engagement and outreach are crucial to providing services to Indigenous clients and building trust. The layer of mistrust attached to mainstream non-Indigenous services adds to well-recognised barriers to participation such as poverty, lack of transport, systems abuse and disengagement experienced by many disadvantaged and vulnerable client groups. However, our services report that even if the vulnerabilities of poverty, violence and addiction were present in both non-Indigenous and Indigenous clients, Indigenous clients would take more time to service due to their complex problems and the need to look after cultural considerations.

Considerable community engagement work takes place out-of-hours through workers attending local sports events, shops or community activities. Children's programs also offer an indirect way of building trust with Indigenous families. Over time, attending and sponsoring local art events and maintaining a presence at the local football club/community group can bring clients into mainstream adult programs. Clients are also supported to get to the service and are helped with paperwork. In one example, the local shopping centre requested some Indigenous art and some of our Indigenous workers got community members involved. Art is a particularly good way of engaging young men, with these types of activities allowing space for relationships to be developed and over time clients trust the service sufficiently to engage. While this work may be done by an Indigenous counsellor, it cannot be counted as a counselling session for reporting purposes.

Our Indigenous clients say 'are you chasing us for numbers?' as other services are chasing the same families as well due to the pressure to meet Indigenous targets. Community relationships and capacity building is more than getting to know the community elders, it is about making a real and ongoing commitment to the community and supporting community elders to understand the language, evidence and messages around key social policy issues such as youth suicide and family violence. The elders can then talk within their communities and help people to access the services they need.

Our services report a general level of apathy in relation to accessing services by many of the communities they visit that makes engagement difficult. In remote areas, 'fly in, fly out' services have created a perception of a lack of long-term commitment by service providers. These types of services are costly to provide and do not allow for trust and much-needed people on the ground building multiple relationships. The ability of the services to maintain an ongoing presence in the community is undermined by short funding contracts, lack of flexibility and insufficient allowance for the real costs of delivering services. For example, it can take 2 years to establish a service due to the time needed to build up trust and connection with a community. If the contract is only 3 years, at the end of the period it may look like little direct service provision was undertaken and the program was—not correctly assessed—a failure. The constant rolling out of new, short-term, programs also leads to significant administrative burden and does not result in the funding directly reaching clients. These cycles lead to worker and client fatigue and little long term change.

Our Indigenous workers report frustration with the lack of appropriateness in the way services are delivered, but in many cases the delivery of programs is constrained by mainstream requirements, such as the client needing to attend a Family Relationship Centre to receive a service. For example, Indigenous clients will not phone if they do not have credit or come in to the service if they have no transport; poverty compounds these access barriers. There is still a great deal of stigma associated with mental health problems and education and awareness initiatives are greatly needed. Some Indigenous people still see therapeutic services aligned with stolen children (eg. child protection removals), but some changes are taking place. Our services report the support for Indigenous families must be case managed and provided free of charge.

There is also frustration with the assumed effectiveness of programs that are now labelled evidence-based. These programs often work for a population similar to where they were developed, but they may not work in Indigenous communities, or for different Indigenous communities. What is needed is consultation with local workers and Indigenous people and the flexibility to adapt the program for the local area. We note this is an issue identified in many government reports, but the flexibility and consultation is lagging behind the many recommendations of these reports. Mostly, mainstream programs can be adapted through consultation to make them relevant to Indigenous people, and the model can be made appropriate. Yet the way it is delivered needs to be modified. One example is a program we deliver called Non-violent Resistance, a program for parents whose young people are violent. The main program worked well, but we had to make some investment in consulting with the local Indigenous community and modifying how it was delivered. This can be done with additional time and investment, but it adds to establishment costs.

An example of an innovative program is at Attachment B; this is an internal report and the privacy of the images and text should be protected. Two of our Indigenous workers ran a school holiday program that was developed locally. At the centre of the program were cultural activities which are an essential part of Indigenous healing. The program was run with no agenda, with the children being asked what they would like to do, and then the workers waited for them to show interest. This is a stark contrast to living in detention where children have no control over what they do. The workers told them what they themselves could do, for example they knew how to make nets and throw spears. Once the young people began to engage, there was room for conversation and therapeutic intervention. The cost of conducting the program was the cost of basic materials and the time of the workers, with the young people leaving with connection to country. These programs are designed by the people, for the people and were supported by counsellors from Danila Dilba, one of the local Indigenous services. These types of activities rarely fit within program guidelines or the criteria for evidence-based programs. These types of

eco-therapy, including mindfulness, relaxation therapies and connection to country activities create an essential safe and calm space for victims of trauma.

In some areas our workers note there are too many siloed programs, with each service provider only funded to offer a single program and they all chase the same families. Often families will not engage because they are worried their children will be removed. Many reports, including the recent Productivity Commission report recommend that Aboriginal engagement has to be flexible. In reality, funding continues to be measured within short-term funding cycles. Parenting programs, for example, are not currently funded to work flexibly, yet it is a gentler and more long-term approach that has the potential to provide resilience, capacity and wellbeing for the whole community in the longer-term.

Our workers also reflect on the old-fashioned and 'office-centred' nature of current mainstream service delivery where we bring disadvantaged clients to our location and provide services to them at that location. This is often inappropriate for a range of marginalised groups, including Indigenous families. For example, our workers are often seeing clients who are young parents (as young as 12 years). These young people have no role models for parenting. Counsellors can expose them to positive role models by both the male and female counsellor visiting them in community, rather than trying to get them to come into an office to attend a parenting group program. On community, the workers can work with the elders and the young people in their own country and culture.

Recommendations

- Increase the length of funding agreements where improved access for Indigenous clients is desired.
- Increase the flexibility of funding agreements to allow for community development and relationship building work, and improve reporting frameworks to accommodate the recording of this effort.
- Increase consultation with workers, clients and community leaders in the local community before an evidence-based program is implemented to avoid poor outcomes; funding agreements should also allow for adaptation of evidence-based programs.
- Review the recommendations of previous government reports on best practice service provision for Indigenous people, such as those summarised by the Institute of Family Studies in 2010.

Data issues

Does the data reflect the experience of Indigenous people accessing services?

Over the past few years, Relationships Australia has looked closely at improving our data and, in particular, we have looked at how to improve the collection of Indigenous data.

Increased energy has been put into training and improving the skills of staff, and more effort has been invested in registering clients (where possible) so that, at least, some information is able to be recorded. However, there remains a large component of effort in servicing Indigenous clients that cannot be captured within the current structure of DEX. This means that the data reported in the paper does not necessarily appropriately inform the policy discourse. Some improvements in DEX, such as allowing input of postcodes instead of full addresses has been helpful for recording information for Indigenous clients, especially where clients have no fixed address.

However, like many other agencies, including the Australian Bureau of Statistics, there is a well-recognised list of issues related to the collection of Indigenous data that also negatively affect DEX data.

Firstly, as discussed briefly above, the data does not capture a realistic view of program effort. Due to the nature of services, Indigenous client access cannot be compared across programs, sub-activities, or with non-Indigenous access. Where sufficient engagement with community has occurred over a period of years and the local Indigenous people trust the service sufficiently to come to a centre, clients may come in to access a part of the service. For example Indigenous family advisors may bring a family group to the waiting room to speak with a counsellor or use the computer, but they do not wish to register as a client or be identified as Indigenous. In most cases, the time taken by staff is not registered as it is indirect service provision. Even if it is counselling, it might be recorded under a pseudonym or anonymously and the client record is likely to have many missing pieces of data.

Another illustrative example relates to a therapeutic service. To access counselling in a mainstream service, a non-Indigenous person would almost always call the intake line. They would be referred to a family advisor who is likely to undertake 1 hour of intake and then the client would see a counsellor who may provide 2-3 sessions. In contrast, to provide 2-3 sessions of counselling for an Indigenous client, the counsellor may need to regularly visit a community for many months, participate in community activities and build trust with families. Later on a family may come to the centre to use the computer and the counsellor may help them and informally chat to them as a group, some months later again a member of the family may come in for counselling. We do not turn away clients who do not wish to participate in data collection, but the way Indigenous client access services means we cannot report this effort to funders. We would like to be able to record both direct and indirect service provisions so the true cost of delivering these services underpins policy decisions.

Secondly, Indigenous data collection needs a different focus, even if it refers to a mainstream program. While it is simple to report on direct service provision, if the goal is to improve client outcomes, more sophisticated ways of targeting and measuring effort in servicing Indigenous clients is needed to properly inform policy decisions. We observe ongoing suspicion about data collection by our Indigenous clients and as a result the data we collect is often biased towards the more highly functioning families, or those who have less complex issues. Often the choice not to participate is the only power these clients have in the service, and we must respect their choice not to provide us with their personal details. If this biased evidence is used to drive policy reform, it will not reflect the true picture of Indigenous service users and therefore might lead to incorrect decisions being made by both service providers and funding bodies.

Our services report that young Aboriginal clients are clever with the use of technology and there may be new tools that could be developed to improve the collection of their data. However, this will not work for many older Indigenous clients who may have poor literacy, low experience with technology and mistrust of data collection. What is needed are innovative ways of collecting data from Indigenous people, such as collecting wellbeing through art, collecting stories and translating them into wellbeing outcomes, or embedding small amounts of data collection in the process of delivering the service. One word answers and tick boxes do not work for many Indigenous people.

Finally, client level reporting takes the focus away from what is needed for Indigenous clients, and that is community level outcomes. Our organisations support longer-term pilot programs that have community wellbeing as their outcome measures, not client level outputs. Such measures might include: fewer child removals, improved school attendance and retention, reduced youth incarceration and reduced family violence. Funding bodies will need to accept that the outputs of these programs will be less, but there is huge potential that

the longer term outcomes will be better. Rather than calling these initiatives 'place-based', we prefer 'community-building' programs.

Targets

All Relationships Australia's members have invested in improving access to services for Indigenous people. Even where resources have been tight, members have ensured that the Department's targets of 4.5% have been exceeded. In reality, very few Indigenous clients end up in mainstream services and are effectively screened out by being redirected to other more intensive programs due to their complex presentations.

Over time it would be theoretically possible for our organisations to increase the proportion of Indigenous clients accessing services. If DSS decided to increase Indigenous targets, services would ensure that new targets were met, but as indicated elsewhere in this paper, there would be impacts on our ability to provide services to non-Indigenous clients, and it is likely that overall client numbers would decrease. This is especially the case for our services in remote location where the costs of service delivery are high. Increasing Indigenous access would also take a significant period of time.

Some of Relationships Australia's members have invested more heavily in providing services to Indigenous people using organisational resources that were not provided by DSS through the Families and Children activity. The decision to put greater effort into a particular vulnerable group has been made at the local level according to where the service sees the greater need. For example, in one location these resources could be put toward CALD clients, whereas in another location they might target child victims of family violence or support for fathers. Given these funds are resourced from outside the Families and Children activity and are finite, it follows that unfunded investment in Indigenous service provision will lead to a lack of investment in improving services for other vulnerable groups.

Recommendation

- That the Department improve the framework of DEX to allow for increased capture of Indigenous data, such as group work, community development work and indirect service delivery.
- That the Department works with the sector to develop innovative ways of capturing outcomes for Indigenous clients, such as improved wellbeing through increased connection to culture
- That the Department invests in and measure long term community level outcomes for Indigenous people.
- That the Department works with the sector to develop appropriate, evidence-based targets for Indigenous clients.

Thank you for the opportunity to provide our suggestions and recommendations. We support the Department's commitment to genuine and transparent communication and take this opportunity to re-iterate how critical we feel this is to improving outcomes for Indigenous clients.

Should you require any further clarification of any aspect of this submission or need information about the services Relationships Australia provides, please contact me or Paula Mance, National Policy Manager, Relationships Australia.

Yours sincerely,

Alison Brook
<u>National Executive Officer</u>

31 August 2017

References

Caruana, C. (2010). Indigenous healing Family Relationships Quarterly No. 17, AFRC Newsletter No. 17 – September 2010.

Appendix A

Relationships Australia supervision policy

Provision x.x Cultural supervision

The cultural needs of all employees are accommodated in supervision and supervisors are supported to maintain their cultural competency by attending relevant and regular training.

Relationships Australia XX provides cultural supervision to facilitate the cultural development and capacity of Aboriginal and Torres Strait Islander staff through reflection, critique and action. (N.B. The terms 'cultural supervision' and 'cultural safety' are both used to describe the requirements of supervision for Aboriginal & Torres Strait Islander staff.)

In addition to clinical and non-clinical supervision, all Aboriginal and Torres Strait Islander staff receive cultural supervision. (Refer to Appendix A for a broader definition and procedures for cultural supervision).

Non-Aboriginal and Torres Strait Islander staff and/or their supervisors are able to access consultation and support from the [Aboriginal and Torres Strait Islander] team when they are working with Aboriginal and Torres Strait Islander clients. (Refer to Appendix A for procedures for non-Aboriginal staff to access cultural awareness support and consultation from the [Aboriginal and Torres Strait Islander] Team Leader.