



childfriendlyalice@gmail.com

Child Friendly Alice is the name given to an emerging initiative in which the vision is for every child in Alice Springs to have the best possible start in life and to grow up healthy and strong. Currently four agencies form the backbone (listed below). The role of this backbone is to coordinate a more cohesive, collaborative approach to responding to community identified needs.

If you would like to discuss any aspect of this submission please do not hesitate to contact:

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Productivity Commission Study Expenditure on Children in the Northern Territory

Help shape how children and family services are funded in the NT. We are investigating funding arrangements for children and family services to help prevent harm to children in the NT Help how governments can improve how services are funded

What types of services are available in your community and who provides these services? Is there duplication?

- Coordinating or facilitating hubs/teams: (Child Friendly Alice (CFA) consisting of Connected Beginnings and Larapinta Child & Family Centre (both NT DoE), Communities for Children (Anglicare), Strong Kids Strong Centre (Red Cross)
- Playgroups – Department of Education, Lutheran Community Care, Parent run playgroups, Multi-cultural playgroups, Parent support playgroups Hippy, FAST, FAFT
- Long Day Care Services – Family Day Care, Kentish, Lil Antz, Four Lil Ducks, Bath St Child Care, Gap Community Child Care, Central Australian Aboriginal Congress (Congress) Child Care Centre
- Early Childhood Intervention Services – Congress Preschool Readiness Program, Congress Child Health and Development Centre, DoE student services
- Preschools – Department of Education, Steiner School
- Child Health (Clinic Primary Health Care) Services – Congress, Flynn Drive
- Allied Health Services – Congress Child and Youth Assessment and Treatment Service (CYATS), Department of Health Child Development Team
- Paediatric Services – Alice Springs Hospital
- Family Support Services – Congress Family Support Services, Catholic Care Intensive Family Support Services, Tangentyere Intensive Family Preservation Services, HIPPIY, FAST, FAFT, parenting programs such as Circle of Security programs and Parents Under Pressure, Bringing Up Great Kids
- Housing Support Services – Anglicare, Mission Australia, ASSYASS
- Mental wellbeing – Relationships Australia - Holding children together, Headspace, Sandplay therapy in schools
- (not an exhaustive list)

	<ul style="list-style-type: none"> • Service provision is from a range of organisation: government, nongovernment, Aboriginal controlled, independent, churches and businesses ➤ Duplication exists <ul style="list-style-type: none"> - Duplication can provide choice for families where the duplication offers sufficient differences between the programs. This is about ensuring the community has choice - Duplication of programs and services does not always provide positive and long-lasting outcomes for children or families - there are many examples of duplication occurring at an operational level e.g. one agency doesn't know another is involved, or - if they do know another agency is involved the parties have not reached agreement on who does what and by what time (accountability). - Child Friendly Alice incorporating Connected Beginnings, Communities for Children, Strong Kids Strong Centre and Larapinta Child and Family Centre aims to have a role in coordinating the service delivery offered by multiple agencies working toward shared goals for vulnerable children and their families. Since CB commenced in January 2017, with an integrated service delivery approach from the Child and Family Centre and a collective whole of community approach from Communities for Children and Strong Kids Strong Centre, there has been a definite shift toward collective inter-agency work. - Models such as this are reliant on providers recognising the value the coordination role brings and a commitment to “wrap around services with families, across agencies. - Where there is more than one service funded to deliver similar programs or outcomes, for the same population group; there needs to be stronger accountability and partnership approaches initiated by the funders and the provider, connection and integration ensures the best outcomes for children and families and the best value for money is achieved. <p>An example of this is Connected Beginnings funded by DET in key sites in the NT, including Alice Springs, DSS fund a range of similar services (such as Stronger places Stronger people, Communities for Children, Hippy, Intensive Family Support, similarly PMC fund services. NTG also fund related services (FAFT, Child and Family Services). A more collaborative and consistent approach to funding is required across all levels of government with agreed principles, responsibilities and transparency and an agreement on a collective approach</p> <ul style="list-style-type: none"> - Duplication can also be the basis for competition. Services competing for people living in vulnerable and disadvantaged circumstances require consistency and support rather than a competitive tendering model which can impact on agency relationships, impacts and positive outcomes
<p>Are these services effective? What works and what doesn't? Do you know how to access them? Are they easy to access?</p>	<p>What Works</p> <ul style="list-style-type: none"> - Whole of community approach identifying needs and responding to those needs in a coordinated and holistic way – families and young people should not have to tell their stories 20 times over to many different services /programs - Well resourced, targeted intensive interventions as early as possible, that family welcome and reflect integrated responses.

- Utilising evidence-based models where they can be contextualised for the local needs (place based). Evidence based programs may need to be adjusted for the local community and adjustments need to come from community feedback / input not just service providers.
- Adequate resources and small caseloads (for more intensive support)
- Universal services sufficient to meet the local needs
- Services that can adapt and respond to local needs
- Services and programs that work closely together (cross sector) to achieve outcomes for families and children not for the program or service
- Utilising evidence-based programs and approaches that are shared across the community. If an approach is working it is then shared with other services and a coordinated and common approach (ARACY) from all services is implemented Communities of practice are developed e.g. Parents under Pressure/Circle of Security,
- Collaborative inter-agency early childhood conferencing so that all agencies supporting a child/family are working toward and kept accountable to common goals
- Bi-cultural pairs e.g. an Aboriginal Family Support Worker alongside a Case Worker/Social Worker
- Relationships and consistency, creating trust between parties. Often within culturally diverse communities, including people living in disadvantage with intergenerational trauma there can be a lack of trust. Building this trust and stable relationships is imperative. This is often best achieved, in the case of the Aboriginal community, by the service provision sitting within an Aboriginal organisation, providing cultural integrity. However, we also need to ensure that a level of capacity is built in sometimes specialised areas in these same agencies. The cultural integrity sits with the Aboriginal org, in addition if expertise or experience in the particular service being funded is not evidenced, then support needs to be built for this; to ensure quality, the right staffing mix, and evidence based models can be applied in a cultural context. Some of this expertise historically may have sat with non-Aboriginal orgs or providers and there needs to be a stronger impetus created to promote partnerships like this.

Challenges

- Maintaining strong relationships which underpin everything
- high staff turnover generally, leading to variations in quality and consistency
- lack of cultural adaptation of some evidence-based models,
- Childcare – not enough places for need for children and families who need early intervention
- Costs are still too high for families and children living in disadvantage
- complex and highly transient families in many cases
- shortage of skilled early interventionists employed in early learning services e.g. Gap Year students employed at preschools/schools to support children diagnosed/suspected to have a developmental delay/disorder

Accessibility

- If you know about services access is easy.
- Many workers do not know about services due to turnover, transience etc Many families do not know either.

	<ul style="list-style-type: none"> - Even when workers do know sometimes the competition between similar services is such that the family's needs aren't considered, or they are so busy the referral is delayed. Professional staff in Alice vary in their level of knowledge around referral pathways and service access, often dependent on their length of time living here, or their role and scope. - Annual events like the Cross-Sector Orientation Workshop in Alice Springs aim to help promote knowledge and information about services and access among the professional workers. - There is not a great deal of soft entry or support for families moving between services and programs - Most parents do not know about available services and it is incredibly difficult for parents/ families to negotiate the maze of different services they need or have been referred to, to tell and retell their story, to develop trust. Greater collaboration of services around providing access would enable families more. More could be done in the development of app's and user-friendly tools to help parents and families navigate the service system. - Mapping community services for services and for families may create a tool for everyone
<p>Are there services that are needed but are not being provided? Do the services meet everyone's needs?</p>	<ul style="list-style-type: none"> - NDIS is changing the way families can access early intervention services. - Families are confused and service providers are still coming to understand the changes and impacts on families. - There are not enough private providers e.g. speech, OT, Psych's in Alice Springs to meet the NDIS requirements, although this is growing. - Families where English is not their first language are challenged to know how to navigate NDIS - Alice Springs has a growing CALD population (23% of the population was born overseas) there is a significant gap emerging for these families in terms of culturally appropriate and responsive service delivery. - There is a lack of culturally appropriate parenting programs - A lack of specialist behavioural interventionists and child psychologists - Schools do not have access to enough, highly skilled allied health practitioners and family support case workers to support children with additional needs – school-based teams would have a huge impact - Lack of Early Childhood (typically preschool) transport services – vulnerable children not being able to attend a preschool in some areas of Alice Springs e.g. Acacia Hill School - More support around early intervention for families. - More support for families for reunification. - More school-based social support for families and children – that is, family support / social worker required in schools - An holistic wrap around approach to providing coordinated support for children and their families - Allowing time and better communication for families and children to develop relationships, to trust and to understand what is happening, what the consequences are, how they will be supported and expectations of them. - Providing resources for transitioning so changes are less traumatic or difficult

<p>Who decides which services are provided in the community and do you have a say in this? How could this be done better?</p>	<ul style="list-style-type: none"> - There is little say for community and who identifies who gets to provide their point of view - The majority of intervention is imposed upon the community through government initiatives not necessarily based on what the community want or need - Competitive tenders and grants that alienate service providers from each other - Most discussion around identifying needs of a community are done through the service providers or from government directives and managers of programs who often have a vested interest or believe they know the answer (privileged positions of power) - Often federal and Territory governments have different approaches or beliefs or duplicate programs - Any community consultation is not always authentically carried out - Place based programs and services are still mainly identified by service providers and organisations both government and non-government <p>How Could this be done better?</p> <ul style="list-style-type: none"> - Apply decision making criteria such as identifying what data informs priorities? what is the evidence these decisions are based on? How accurate and relevant is that evidence and data? What does the local populace say? Population level data is a key source of information for communities. More effort needs to be made to ensure community level data is influencing the services that are funded and what they are funded to do. By providing community members with data and information on how children and families are faring, and then seeking community input on how to respond to those needs or issues we are likely to get better engagement in the service responses by the hardest to reach families. - The Commonwealth and NT don't line up their approach, greater effort to do this should be achievable. Little appears to have changed in this especially at the operational level. - Shared data across government and non-government would provide a stronger overview of what is needed in community and comprehensive consultation with community groups - Communities are tired of consultation because they never hear about the outcome so ensuring ongoing communication and feedback always has a positive effect - As discussed in other areas, it is not clear who decides, or what evidence the decisions are based on. In the example of the Royal Commission; recommendations can be made about the learnings and the types of interventions required; who decides on the tender process, the funding model the process for selection etc, does not always occur in a transparent way. Procurement guidelines can be overlooked; well-intended tender documents can fall short when the cost of services or available funds don't match. - Funding through tenders or grants needs to be collaborative, consortium or in partnership including an Aboriginal controlled organisation or strong Aboriginal representation within the partnership or consortium
<p>How can we improve the way services are funded?</p>	<ul style="list-style-type: none"> - Fund those who demonstrate commitment to collective action - Listen to the community not just ask for their feedback on closed parameters. Encourage communities to develop profiles. - Longer funding cycles – this provides for better recruitment, more stable workforce, greater continuity of staff and relationships

	<ul style="list-style-type: none"> - The funding should incorporate provision for mentoring and supporting a strong Aboriginal workforce with peer support - Funding through tenders or grants needs to be collaborative or in partnership or a consortium and including an Aboriginal controlled organisation or strong Aboriginal representation within the partnership or consortium - Regular reviews of client numbers have some flexibility in funding agreements to upscale if great need is identified. - Ensure that there is strong accountability for the expenditure of funds – that the funds actually benefit the families and children and there are long term and more sustainable outcomes. The reporting needs to be relevant for the programs and services being delivered so that the focus remains on the most benefits for the families and children
<p>How should governments, service providers and communities work together and build on each other's strengths?</p>	<ul style="list-style-type: none"> - Approaches like Collective Impact and Collaboration for impact are gaining international and national traction. DSS (placed based evidence-based funding-Stronger Places Stronger people, Communities for Children) , PMC (place based and local decision making: Empowered Communities) and DET (Connected Beginnings) have been investing on behalf of Commonwealth government in these approaches. - The expectation that communities can be encouraged to work differently without a level of impetus to those funded to deliver services is unrealistic. Governments should be tying together the streams of funding going out to a particular model and this should be outlined in the contracts. - We cannot continue to fund siloed services and programs (for the reasons outlined above) The leadership and governance for collaborative approaches needs to be built in from the outset, funders need to maintain a role in promoting and contributing to the establishment of this approach and remain involved in the development to help support, scale and evaluate the model. - Research and data led elements should be part of the funding model, and evaluation included in the formula. The evaluation needs to be started at the outset and the logic needs to be co designed with the provider and influenced by the context. - Innovation should be encouraged and the capacity to develop locally responsive evidence-based programs built into the funding - Modelling for a number of community types and scenarios would be useful. A large remote centre like Alice Springs, where the data story around how children are faring demonstrates a level of disadvantage above many other centres in the NT - https://childfriendlyalice.weebly.com/ can be reviewed in the context of what funding is invested in the areas identified / prioritised via the data. Alice is a good case study because there is considered to be too many providers, too much duplication, significant investment without expected outcomes and still there are gaps in services. - Tennant Creek would also be a good site to review, due to the regional deal, Connected Beginnings, PMC, NTG and DSS funding that is currently being pulled together under a collaborative framework. Work has already been done to try and map investment.

	<ul style="list-style-type: none">- The value in this approach is that it is powerful information that should be available to all stakeholders (including community members) to assist in recognising what the pool of resources is and participate in helping to prioritise the type of services needed to address the most pressing priorities.- Community engagement and participation, where the publicly available data on health and wellbeing can be matched with the evidence on what makes a difference and then decisions can be made using this data together with a cultural / community driven lens.
Other Comments	<ul style="list-style-type: none">- The complex issues we are discussing does not have a quick fix or silver bullet. A framework incorporating many of the elements discussed above, for making decisions around funding that considers that these issues are often intergenerational and will require time to obtain positive outcomes would be beneficial. Also, that intensive resources are required. However, the evidence is that if you commit time and resources / funds the value for the expenditure is returned many times over. <p>www.aracy.org.au/the-nest-in-action/first-1000-days http://logantogether.org.au/wp-content/uploads/2018/11/Final-ChangeFest-Policy-Statement-prsented-CF-22-Nov.pdf https://www.childrencollaborative.gov.au/about</p>