

9 July 2019

Anglicare NT'S Response to:

Expenditure on Children in the Northern Territory

Productivity Commission Issues Paper, May 2019

Anglicare NT has been providing services to Territorians for 30 years. Anglicare NT is a mainstream non-government organization (NGO) providing culturally adapted services to some of the most disadvantaged people in the Northern Territory.

Anglicare NT is responding to the Productivity Commission's Issue paper addressing several broad areas with specific consideration for the Northern Territory context, providing insights gained through our experience and using lessons learned from across the regions.

Information presented in this letter includes the collective and unique experiences of Anglicare NT's diverse executive management team obtained through consultation. This response also includes the notes from the Chief Executive Officer (CEO) of Anglicare NT's discussions with the productivity commissioners on June 25th at our Winnellie offices.

Matters Raised between Anglicare NT CEO and the Commissioners

1. Public Health Approach

Public Health theory tells us that investment in prevention and early intervention is critical alongside tertiary investments.

It is important that governments invest across the full spectrum of needs (primary, secondary and tertiary)

It is also important that communities have influence about service needs however this does not mean that we further disempower people by asking them to design services. Service design is complex, and we have access to significant international evidence to inform service design.

Governments must also apply a 'service level agreement' approach to communities based on population and need- for example a community of 1000 people should have a minimum level of service in the primary, secondary and tertiary child and family space.

2. Duplication is a 'thin conclusion'

It is easy for outside observers to make assumptions regarding 'duplication'. For example, a community may have 300 children. 50% of these children will have a notification made about their care before the age of 10 years old. Funding of two different supported play groups in that community does not mean duplication- it may mean adequate service. A real example of this is that the Intensive Family Preservation Service (NTG funded) and the Intensive Family Support Service (AG funded) do similar work. Sometimes these occur in the same community. Sadly, both services are often over-extended with demand and there is good evidence that they are both needed in communities. While there are opportunities for

improvements in information exchange, shared training and referral protocols, there is no evidence of the over-servicing of vulnerable clients.

Another 'thin conclusion' comes when we list every agency or service provider that has an interest or service in a particular community. A deeper analysis of service delivery presence may show that only a small percentage of these agencies actually spend money in that community or have a regular presence on the ground. Such a deeper analysis is needed before planners identify 'duplication' or multiplicity of providers.

3. Incentivise Integrated Work and Broader Outcomes

There are a number of opportunities for funding bodies to influence service providers to ensure broader public health outcomes are achieved and that services are more coordinated. Such examples of good practice that is achievable without major funding reforms are:

- Require performance reporting that drives strategic improvement, eg:
 - Ask the provider to report on their referral performance to services funded by other entities;
 - Ask the provider to report (narrative) on client outcomes in non-funded but related areas e.g. housing services should comment on child accessing schooling, or adult tenants accessing employment.
- Require service streams to conduct shared conferences or shared planning days e.g. IFSS (AG) and IFPS (NTG) should hold an annual planning and good practice sharing day in the NT.
- Require that a percentage of all grant funds be invested in evaluation activities to build the service evidence base and for continuous service improvement. The AG funded Reconnect service has done this well in the past.
- Require services to form and support reference groups composed of key services and community members to guide the service. This model operates well in AG funded headspace services and Communities for Children.

4. Co-design and collaboration across government and the Community Sector

It can be argued that wherever human services are needed to solve 'wicked problems' and complex social issues that we must build a robust architecture of partnership between government departments (horizontal government) and the community sector.

We need mature systems to build the consensus, co-design reforms and to support the implementation and the monitoring of service systems to meet complex human needs and at times major reform.

There are a number of components and enablers of the necessary governance and administrative architecture that governments need to embrace in order to foster co-design and service coordination. As an example, service design consultation is enabled by:

- i) Clear terms of reference for meetings;
- ii) Clear process and timelines for response e.g. Discussion paper, Green Paper, White Paper;
- iii) Content rich consultants, literature research, evidence-based models, practice-based evidence;
- iv) Genuine and targeted consultation with CSO's and community;
- v) Ensure the right people are at the table including CSO's and Senior Government staff with depth of knowledge, local connections and influence;
- vi) Promote a climate of trust and safety within which robust conversations and shared planning can occur.

5. Capacity development of services e.g. IFSS

A stark difference of the IFSS and IFPS service is that the AG funds capacity building, implementation (model fidelity) support and recruitment support to providers in addition to their service delivery contracts. This is a significant benefit to ACCO's and ensures the long-term transition to Aboriginal community Control. Capacity building support may be an additional 30% of expenditure above the core grant.

6. Transition Support

In response to the Royal Commission into Child Protection in the NT, the NTG is committed to transferring Family Support and Out of Home Care services to the Aboriginal Community Controlled Sector. Disappointingly they have no plan or funding to support this transition. In contrast, NSW established a significant funding stream and capacity systems to assist in the transition of OOHHC services from mainstream services to ACCO's over a 5-10-year period. Such an approach is required in the NT.

7. Other Areas for Improvement

Service Mapping – there has been a multiplicity of service mapping across various sectors and government departments such as NT Health, Department of Chief Minister and Department of Housing and Community Development. For service mapping to have an impact on reviewing service duplication, gaps and reach for children and families there is a need for greater transparency, sharing of mapping outcomes and purposeful coordination of next steps.

Administration Costs – Governments must support the strength and viability of NGO's with paying adequate overheads, long term contracts and indexation for salary charges in order to deliver quality, therapeutic, public health service efforts.

Funding Impact – organisations are often impacted by entering new financial years with high percentages of funding not finalized or contracted. As a mid-sized organization there is some capacity to sustain during such times however impacts can be felt in uncertainty of staff and thin contracts perpetuates high turnover that impacts on service quality.

Funding Evaluation – building evaluation frameworks into the conceptual phase of new programs is essential. An example of this can be seen in the significant investment of Territory Families to build its internal service delivery around youth focused areas (YOREOS) where evaluation has been an add on now when due. In such situations independent evaluation frameworks are essential to program integrity and investment efficacy.

Increasing Trend of Complex, Market Driven Procurement Processes – there is a need for greater transparency and differentiation in Governments decision making regarding the growing use of procurement processes that are unit costed for complex service delivery, opposed to competitive tendering and grant arrangements. Such decisions can lead to impacts such as who is eligible to apply, capacity to redesign or shape the service depending on community needs with quantity not always presenting as quality. Competitive and market driven approaches to procurement can also preference large and NT wide organisations who can provide multi-region services. This particularly disadvantages medium sized and smaller Aboriginal Community Controlled Organisations who are ethically and constitutionally confined to delivering services within language and geographically restricted areas.

8. Best Practice Examples:

- a) **Place-Based Service Coordination: Communities for Children and Stronger Communities for Children**

Communities for Children (C4C) is a community led, place-based example of an Australian Government, Department of Social Services funded initiative that supports capacity and partnership building.

Stronger Communities for Children (SCfC) is a similar program that is funded by the National Indigenous Australians Agency and works exclusively with Aboriginal communities.

“Stronger Communities for Children (SCfC) is a flexible, place-based initiative that works with 10 Northern Territory communities to identify and implement local, integrated services and activities that create a safe and positive environment for children and families.

SCfC aims to give children and young people the best possible start in life by:

- *Making families and communities safer.*
- *Nurturing young children.*
- *Providing children, young people and families opportunities for participation in cultural events.*
- *Supporting children to be school-ready.*
- *Supporting young people to attend school and gain an education.*
- *Building community capacity to lead, plan and prioritise services that children and families need.*
- *Building the capacity of Indigenous organisations to deliver these services.*

SCfC projects are community-led. Local people have a real say in what services they need and the way they are delivered. Services are provided by locals too, with support available, if required, for Indigenous people to learn new skills to undertake these jobs.

Funded under the Indigenous Advancement Strategy’s Children and Schooling Programme, the Australian Government has committed \$46.8 million to SCfC through to December 2020.” <https://www.pmc.gov.au/indigenous-affairs/education/stronger-communities-children>

Anglicare NT facilitates two DSS funded C4C projects and believes these provide a best practice example for place-based service coordination, local planning and investment in children and their families.

East Arnhem Communities for Children (EA C4C) and Remote Playgroups Initiatives are funded by the Australian Government Department of Social Services and the National Indigenous Australians Agency to deliver targeted activities to support children, their families and communities to improve developmental outcomes for children in remote Indigenous Communities across East Arnhemland.

The Communities for Children Activity enables organisations to develop and facilitate a whole of community approach which builds on community strengths and the existing infrastructure of organisations, networks and resources, making use of strong evidence of what works in early intervention. It is implemented through a national framework which allows for tailored approaches at the local level and provides communities with the opportunity to develop flexible and innovative approaches that best reflect their circumstances.

Since 2010 **Anglicare NT in Alice Springs** has been funded by the Department of Social Services as the Facilitating Partner for Communities for Children (C4C). The Facilitating Partner subcontracts Community Partners to deliver place based early intervention activities that have positive and sustainable outcomes for the most vulnerable and at-risk children and their families.

Our current Community Partners are Akeyulerre, FAST NT, Holyoake, Lutheran Community Care, Multicultural Community Services Central Australia and Relationships Australia. They deliver several activities that promote the C4C's objective and vision.

Community Profile: In June Alice Springs C4C, along with partner agencies, launched the Community Profile. This tool, based on 'state of the children' reports used around the world for place-based planning, found that the top priorities for children living in The Centre include being safe and free, having access to education, equal opportunities for employment and a society free from racism and crime.

The Community Profile was produced through the collaborative efforts of staff from several organisations, including Anglicare NT, who have joined together to form the Child Friendly Alice Initiative. The vision of the group is for every child in Alice Springs to have the best possible start in life and to grow up healthy and strong.

During several months of community consultation, 1075 people, including 470 young people and 605 adults, shared their views on how children and families could better thrive in Alice Springs. These results, along with interviews and key statistical data, are outlined in the profile. The information collected demonstrates that both adults and children from across the community share many of the same aspirations, including having a good education, strong families, equal opportunities, employment and meaningful activities for young people.

Anglicare NT hopes the profile will act a catalyst to generate conversations and bring the community, government and agencies together to work on a local action plan. Community forums are planned for the near future.

The Profile can be downloaded from the Anglicare NT website.

Child Friendly Alice is a community collaboration facilitated by:

- *Strong Kids Strong Centre – Red Cross*
- *Communities for Children – Anglicare NT*
- *Connected Beginnings*
- *Larapinta Child and Family Centre – NT Department of Education.*

b) The Intensive Youth Support Service (IYSS)

Intensive case management is an alternative approach to funding service coordination separately from service delivery. With intensive case management models, staff are supported and trained to create wrap-around support and pathways for clients and their families. IYSS is such a holistic and intensive case management service that in effect becomes a service coordinator between forensic tertiary services and the many supports young people and their families may need to live a good life. IYSS was designed in the NT and is delivered by Anglicare NT at three sites (Alice Springs, Katherine and Darwin) using known evidence-based approaches including case management, assertive outreach, strength based and trauma informed practice. This program works with young people and their families interfacing with the Child Protection and Juvenile Justice systems. It is based on voluntary engagement and focuses on high risk families with adolescent children demonstrating unsafe behaviours that put themselves and/or others at risk of further harm.

Skilful case managers engage, mentor and support young people to explore their needs, reframe their personal stories based on the skills, attributes and knowledge they hold; to improve their emotional regulation; assist them and their families to develop agency over their lives. While IYSS is focused on young people, it is family friendly and works with the belief that the vast majority of parents love their children and want to see them flourish.

The model is based on a ratio of 1 worker to 6 clients. These workers support young people and families for up to 12 months (longer if required) and are culturally adapted to work in meaningful ways with Aboriginal and Torres Strait Islander young people and families. Additional expertise is incorporated through partnership with the Australian Childhood Foundation (ACF).