



# Families and Children Activity – Children, Youth and Parenting Programs Discussion Paper

A submission to the Department of  
Social Services

**January 2025**

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**yourtown** is a trusted provider of services for young people, with a focus on mental health and wellbeing, parenting and early childhood development, long-term unemployment, prevention of youth suicide, child protection, and support for those experiencing domestic and family violence. **yourtown** has evolved to helping hundreds of thousands of young people each year through a range of service offerings, supporting them through many difficult challenges.

### **Our services**

- Early intervention mental health services for children aged 0-18 years old and their families
- Domestic and family violence refuge, accommodation, and therapeutic supports for women and their children, including post-refuge support
- Expressive Therapy interventions for young children and infants who have experienced trauma and abuse, or been exposed to violence
- Accommodation and therapeutic supports for young parents and their children at high risk
- Parentline, a telephone and online counselling and support service for parents and carers in the Northern Territory and Queensland
- Young Parents Program providing parenting support to help with child development, life skills and health and wellbeing activities in safe, supportive environments.
- Kids Helpline, providing professional counselling and support 24x7 to 5–25-year-olds across Australia since 1991
- Kids Helpline @ School delivering early intervention and prevention programs through primary and secondary schools nationally
- My Circle, a confidential, private, online peer support network for 13–25-year-olds to share information and build coping skills, and
- Employment, education, and social enterprise programs to help long term unemployed young people re-engage with education and/or employment.

### **Face-to-face Programs for Children and Families**

**yourtown's** Care Plus program in Port Pirie is an early intervention and family support service that aims to improve the development and wellbeing of children. We support students to continue to engage meaningfully in their education. On average, Care Plus supported 27 children and young people each month in the last financial year.

**yourtown's** Starfish program supports children and young people aged up to 18 years to improve their emotional health and wellbeing. We provide outreach early intervention and prevention support in the Moreton Bay and Logan communities. On average, the program supported 99 children and young people each month in the last financial year.

**yourtown** is the Facilitating Partner for Deception Bay Communities for Children services. These community-based prevention and early intervention strategies support the development and wellbeing of children up to 12 years of age.

**yourtown's** Penrose Young Parents Program in Port Pirie South Australia and Glugor Young Parents Program in Deception Bay Queensland provide practical parenting support to help with child development, life skills, and health and wellbeing activities in safe, supportive environments. In 2023-24, Penrose and Glugor supported 80 young children with their parents.

**yourtown** provides accommodation and intensive individualised support to vulnerable at-risk young parents and their children through our San Miguel service. For over 40 years, San Miguel has provided a place to call home for vulnerable and at-risk families. In 2023-24, San Miguel supported 43 parents and 52 infants and young children.

### **Early Childhood Development Programs**

We support vulnerable pre-school aged children to make a successful transition to school by using prevention and early intervention approaches to create health families and strong, child-friendly communities. This includes working with parents to better understand their child's barriers to reaching social development milestones, how to help them thrive at school, collaborative case management and support,

and in-home help. In 2023-24, we supported more than 70 parents and 65 children in Elizabeth, South Australia and Bridgewater, Tasmania.

### **Family and Domestic Violence Refuge and Transitional Housing**

**yourtown's** refuge offers supported accommodation for up to 12 weeks. A specialised team provides women and children with a safe and welcoming environment and creates opportunities for mothers to re-build self-concept and experience control and empowerment over their lives. The wrap-around care also includes linking with transitional housing and community outreach programs for women and children exiting refuges. Transitional housing is a vital steppingstone for women and children moving towards long term, safe and sustainable independent living in the community. In addition to refuge support **yourtown's** transitional housing offers a safe and supportive environment for 6 – 12 months, with support for legal and financial matters, accessing pre-employment support, and helping children into school. In 2023-24, we supported 20 families (including 33 young children) in our refuge and 24 families (including 43 children) in our transitional housing.

### **Kids Helpline**

**yourtown's** Kids Helpline is Australia's only free and confidential 24/7 phone and online counselling service for any young person aged 5 to 25. It offers children and young people a range of care options that are right for their needs and circumstances. Our commitment to being there anytime, and for any reason, has meant that we have responded to more than 8.7 million contacts from children and young people nationally in the 33 years since our service was first established, whilst also providing tens of millions of self-help interactions via our website and social channels. In 2023-24, our Kids Helpline counsellors responded to nearly 118,000 contacts from children and young people across Australia, including 4,047 crisis responses for children and young people at imminent risk of harm.

### **Parentline**

Parentline offers free confidential phone and webchat counselling and support for parents and carers of children in Queensland and the Northern Territory. It offers a safety net for families by providing support when it is most needed. This includes after hours and weekends, where families feel isolated and where local services are unavailable. In 2023-24, there were more than 7,000 counselling contacts with parents and carers in Queensland and the Northern Territory.

### **Employment Services**

For over 20 years **yourtown** has been delivering specialist youth employment services. Our employment services programs, including ParentsNext, Transition to Work, Skilling Queenslanders for Work, and Get Back in the Game provide young people with training to expand their options and help them find sustainable employment. During 2023-24 there were more than 7,000 commencements in our employment services and programs in South Australia, Queensland, and New South Wales.

### **Social Enterprises**

**yourtown** has worked with young people and employers to break down barriers to sustainable employment for more than 20 years. As a leader in work-based enterprises we provide young people at risk of long-term unemployment paid jobs in the following areas: construction, landscaping, and asset maintenance to help their transition to open employment. In 2023-24, almost 200 young people were employed in our social enterprises across South Australia, Queensland, New South Wales, and Tasmania.

**yourtown** welcomes the opportunity to respond to the Australian Government Department of Social Services' (DSS) consultation: Families and Children (FaC) Activity – Children, youth and parenting programs discussion paper.

**yourtown** has been supporting children and young people across Australia since 1961. We work to improve children's wellbeing and development, family functioning and children's mental health. Our programs are tailored to meet the needs of the communities we support and work effectively within the ecosystem of support services for children, young people and their families. **yourtown** delivers early intervention strategies that aim to alleviate risk factors, and which strengthen family bonds and their connection with community. Our work is supported by funding from DSS Families and Children Activity:

- **yourtown's** CARE Plus program in Port Pirie [funded under Children and Parenting Supports (CaPS)] is an early intervention and family support service that aims to improve the development and wellbeing of children
- **yourtown's** Starfish early intervention and prevention service [funded under Family Mental Health Support Services (FMHSS)] provides support for young people up to 18 years and their family and carers to improve young people's emotional health and wellbeing in the Moreton Bay and Logan communities
- **yourtown** is the Facilitating Partner (FP) for Deception Bay Communities for Children (CfC) services. We work in consultation with the Deception Bay CfC Committee and key stakeholders on a whole of community approach to support and strengthen local service networks that contribute to enhancing early childhood development and wellbeing for children up to 12 years of age.

Given **yourtown's** extensive experience, we are well-positioned to provide feedback to select questions on the FaC Activity – Children, youth and parenting programs discussion paper. The main themes from our submission include:

- FaC programs need the funding and flexibility to conduct promotion activities about their services and help-seeking so that the community feel safe accessing support while in the early intervention stage and before symptoms increase
- The definition of early intervention should allow services to provide support early in the pathway of a problem and should be shaped by community needs and the current service structure to minimise the risk of gaps in service structure and duplication of services
- DSS should fund services that can demonstrate cultural awareness of and sensitivities towards Aboriginal and Torres Strait Islander and CALD communities and families by using different methods, including digital technology, to meet and engage with these communities and families in the settings and modes they prefer
- DEX requirements should be adjusted so that the information collected from Aboriginal and Torres Strait Islander and CALD families is less intrusive and more culturally appropriate
- Grants need to reflect the true costs and challenges in operating programs and services, particularly for costs associated with technology, compliance, safeguarding, evaluation, co-design, administration, and time required to build trust and relationships with the community and clients from vulnerable cohorts
- The current Evidence Based Program requirement in CfC should be changed to include programs that are developed and delivered using human-centred design and community led co-design, particularly when operating in communities with First Nations peoples and multicultural cohorts

## Service awareness, preferences and needs

With people from a CALD background less likely to access services, what (if any) change should be made to FaC children, youth and parenting programs?

Community-led interventions can overcome the significant barrier of lack of trust that Aboriginal and Torres Strait Islander and CALD families often experience when interacting with government or universal services. For CALD parents to trust a service and divulge their situation, providers' practice should be strengths-based, person centred, trauma informed, and culturally sensitive. Specifically, services should:

- Understand the cohesive ties within various cultural communities
- Strengthen relationships and maintain the interconnectedness between self, family and extended kinship networks, community, place country, Elders, spirituality and ancestors
- Implement training to improve the awareness of and sensitivities towards various cultural groups and communities, and
- Maintain identified positions for the employment of First Nations people and people from culturally and linguistically diverse backgrounds to reflect the diversity of those needing the services

Aboriginal and Torres Strait Islander families and CALD families may feel vulnerable around new services. They are worried about being judged and not being supported appropriately. Services need to meet and engage with these cohorts in the settings and modes they prefer. This may involve testing the service to see if it meets their needs and can be trusted. A digital technology component of a service would enable Aboriginal and Torres Strait Islander families and CALD families to test the service and see if they trust the service. In addition, digital technology can allow these families to be anonymous and their information to be confidential. Kids Helpline (free and confidential 24/7 phone and online counselling service for children and young people aged 5 to 25) has high numbers of Aboriginal and Torres Strait Islander and CALD children and young people contacting the service. In 2023, 25% of counselling contacts to Kids Helpline were from CALD children and young, and 8% were from Aboriginal and/Torres Strait Islander children and young people. These cohorts trust the service to provide support with serious and complex issues. For example, there has been a 161% increase over the last five years in the number of counselling contacts with Aboriginal and/Torres Strait Islander children and young people regarding suicide related issues.

### Recommendation:

That DSS prioritises services that can:

- **demonstrate cultural awareness of and sensitivities towards Aboriginal and Torres Strait Islander and CALD communities and families, and**
- **use different methods, including digital technology, to meet and engage with Aboriginal and Torres Strait Islander and CALD communities and families in the settings and modes they prefer**

Aboriginal and Torres Strait Islander families and CALD families are less likely to trust universal services and may not divulge upfront all the information required for assessments and plans. This may result in services not meeting KPIs where they are expected to have assessments and plans finalised after a defined number of sessions. There should be flexibility in timeframes that allow for the relational skills and activities required to build trust with communities and clients.

**Recommendation:**

**That the FaC program extend KPI timeframes to allow services to build trust and rapport with Aboriginal and Torres Strait Islander and CALD communities and families**

The questions that services are required to ask of clients and record in the DSS Data Exchange (DEX) are a barrier to Aboriginal and Torres Strait Islander and CALD families engaging with FaC programs. The questions are viewed as too intrusive by Aboriginal and Torres Strait Islander and CALD communities and can cause distrust which limits engagement.

**Recommendation:**

- **That FaC programs adjust DEX requirements so that the information collected is less intrusive and more culturally appropriate for Aboriginal and Torres Strait Islander and CALD communities and families**

What (if any) change should be made to FaC children, youth and parenting programs to account for the different service needs and preferences of families?

Services need to be able to connect with parents in ways that work for them. This involves flexibility in service hours, communicating through the preferred channels of parents, navigating access to face-to-face and digital support, and providing self-help resources on a range of topics. Services are needed that:

- 'Don't feel like services'
- Provide reassurance of trust between the service provider and the child, young person and family
- Enable families to tentatively reach out and 'try before they buy'
- Are safe spaces
- Provide equitable and fair access to services
- Ensure that service users only have to tell their story once, and
- Have clear pathways to navigate the complex service landscape and to identify immediate local support

What changes (if any) could be made to increase awareness and improve navigation of available supports for families?

FaC programs need the funding and flexibility to conduct promotion activities. This will allow services to target schools, community hubs etc so that children, young people and families are aware of available supports. In addition, promotion activities can provide information on issues (e.g. mental health) and help-seeking that are surrounded by stigma. This in turn can support greater literacy about the early signs of issues and promote help seeking at the early intervention stage.

### **A stronger, more diverse and independent community sector measure**

Apart from the issues raised, are there any other changes to FaC children, youth and parenting programs that should be considered to strengthen the community sector? (If yes, please specify)

Grants need to reflect the true costs and challenges in operating programs and services. This can be achieved by providing funds for specific purposes (e.g. technology) or allocating a proportion of the grant amount for general purposes (e.g. for administration, compliance). The community sector invests in a range of organisation support systems to ensure quality services are supported, delivered safely, and have the capacity and resources to provide

outcomes for communities. Examples of additional costs incurred by the community delivering contracts that are not adequately covered by the funding envelope include:

- **Technology**  
**yourtown** delivers a range of services with highly confidential data, including those for DSS funded programs. Cybersecurity costs for organisations that hold sensitive information, such as **yourtown** have increased significantly, and will continue to increase as organisations seek to maintain their cybersecurity posture. In addition to the cybersecurity cost profile, the preferences of community have also changed, face to face services needs to maintain complementary digital platforms and content to ensure they are able to best meet the needs of the community and client groups.
- **Administration**  
Grants should include a specific additional allocation e.g., 20% of the grant amount, to cover costs associated with capturing, reporting, and delivering data evidencing impact, and to meet increasingly complex regulatory requirements particularly to ensure the safety and wellbeing of vulnerable participants.
- **Compliance, standards, and safeguarding**  
The increase in compliance regimes is government-driven but community services do not receive support from government to put the systems in place to be compliant or to monitor their standards. In addition, services are expected to obtain further accreditations to meet compliance requirements when they have existing accreditations that would be adequate in demonstrating compliance.
- **Evaluation, longitudinal measures, and co-design**  
Grant arrangements should fund the different levels of evaluation (e.g., short versus formal) and co-design (e.g. consultation, research, or human centred design) that may be required within the program development and operation lifecycles.
- **Time taken to build trust and relationships with communities**  
When co-design is a grant requirement, often the funding allocated does not account for the time and resources required to set up lived experience networks and adhere to frameworks.
- **Staffing for work over and above direct service delivery**  
Many grants do not accommodate funding for value-added strategies, such as service design and development and maintenance of lived experience networks. Supplementation and indexation earlier in the financial year would enable better planning and financial management.

## **Australia's Disability Strategy and National Autism Strategy commitments**

What changes (if any) should be made to FaC children, youth and parenting programs to improve the access and inclusion of parents/children with developmental concern or disability? What type of services are preferred by parents or carers with disability or by children with developmental concern or disability?

FaC programs should be physically accessible for families with a child with disability. In addition, these services should support inclusion without overly calling out the disability and accepting the child for who they are.

Families with a child with disability often prefer National Disability Insurance Scheme (NDIS) funded services, but struggle to navigate the scheme to find appropriate support. FaC services play a key coordination role for families who may need to access the NDIS, including referrals, advocacy and assistance with navigating eligibility requirements, emotional support, and communication with other support networks such as schools and allied health

professionals. Ideally, there would be simpler pathways for families to access Occupational Therapists, paediatricians and other services, and a central point that can formulate plans and continued pathways for support.

## **National Agreement on Closing the Gap**

What changes (if any) should be made to FaC children, youth and parenting programs to strengthen outcomes for First Nations children?

Government should listen to and facilitate self-determination and leadership from Aboriginal and Torres Strait Islander communities to ensure culturally safe and appropriate solutions. Priority needs to be given to the wealth of experience and knowledge that Traditional Elders hold, engaging with them in a genuine and non-tokenistic manner. Elders, communities, and families are the experts in their lives and their community and should drive the decision-making process. We need to empower them to identify the solutions that are right for them. Engaging with local First Nations communities to understand cultural healing, and safety are key components to embedding a localised and 'on country' service that is responsive to cultural safety. Services need to understand the family and kinship systems and ways of connecting. These activities are grounded in relational practice and trust. Services need staff with appropriate expertise as well as time to build these concepts with communities. In addition, services need to allow time for clients to feel safe within the service and to divulge the information needed to move forward with support.

It is important to note that services find it difficult to fill these roles with qualified and experienced people. This is a highly competitive marketplace where the community sector cannot compete with other sectors in terms of salary and benefits. This gap in the sector workforce means services risk not being able to meet key requirements regarding engagement with and outcomes for Aboriginal and Torres Strait Islander communities and children. Fringe Benefit Tax (FBT) concessions had been introduced to make the sector competitive by offering exemptions that increased employees' after-tax wages; however, the wages in other sectors have increased beyond what the community sector offers even with FBT concessions. These exemptions should be reviewed to assess how they can be improved so that the community sector can compete with other sectors to attract a skilled and experienced workforce. In addition, pathways need to be created for these employment opportunities where more people are given the opportunity to build their skills and capacity. Pathways need to commence at school to encourage Aboriginal and Torres Strait Islander students to take up this line of work.

### **Recommendation:**

**That FaC programs have the funding to employ appropriately skilled staff and allow them adequate time to listen to and facilitate self-determination and leadership from Aboriginal and Torres Strait Islander communities and develop culturally safe and appropriate solutions**

## **Safe and Supported and National Plan to End Violence**

What changes (if any) should be made to FaC children, youth and parenting programs to provide supports in a culturally appropriate and trauma-informed way?

Children who have experienced or witnessed violence must also be supported with specific interventions. Complex trauma can have a significant impact on children's brain development, behaviour and experience of relationships. This in turn can affect children's developmental progress and ability to regulate their emotions, adapt their behaviour, and pick up on social cues. Services and systems must be able to address the challenge for children to experience safety and engage in relational exchanges that support them and be



responsive to the impact of the trauma experiences on their development and functioning. Any training for staff on providing support in culturally appropriated and trauma-informed ways should cover the impact on children who have experienced or witnessed domestic, family and sexual violence.

**Recommendation:**

**That FaC programs are responsive to the impact of trauma on children who are exposed to domestic, family and sexual violence and are supported with specific and tailored interventions**

For parents to trust a service, providers' practice should be strengths-based, person centred, trauma informed, and culturally sensitive. It is critical that programs are designed to ensure that participants both feel and are safe at the service that they engage with. At the heart of trauma-informed care is the need to recognise the profound impact that past and current experiences have on a person's sense of safety. Programs should recognise that families who have or are experiencing domestic, family and sexual violence may need to prioritise recovery from this trauma while they are parenting. It is also important to consider how trauma impacts a person's brain, body, and behaviour. These mindsets can help services to ensure a trauma informed approach where they understand how life experiences of parents can impact their current situation and their needs. Staff can take a strengths-based approach and ensure parents feel safe in the environment and their interactions with staff and are given time to process information and make decisions. Services would need to ensure that their practices and procedures are designed to ensure client's safety, both physical and emotional, building trust with clients to accept that the service, and they, are 'safe' to engage with. Interventions should account for the cultural beliefs and language barriers of people who have experienced violence, by having resources in different languages, accessing interpreters, and having staff who are bilingual and/or have participated in cultural awareness training. This will increase trust and engagement with interventions.

### **Place-based approaches and community partnerships**

To strengthen community-led partnership in the CfC program, should CfC committees provide guidance across all CfC activities? Should any other changes be made to strengthen community-led partnerships in the CfC program?

CfC committees should provide guidance across all CfC activities if the committees have broad representation that reflect the demographics of the communities and the makeup of the service sector. The committee can then draw from the experiences and expertise of people who understand the issues and needs of the community, and they can collaborate to determine the best ways to address these issues. To enhance the effectiveness of the CfC committees providing guidance across all CfC activities, a Facilitating Partner should lead the group, meetings should be held regularly, and a concerted effort should be made to recruit smaller service providers, business representatives, and parents of young children.

There are various funded initiatives for place-based approaches. When looking to strengthen place-based approaches across Australia, new initiatives (such as the Partnerships for Local Action and Community Empowerment [PLACE]) should work with and leverage the long-standing and comprehensive networks of existing place-based approaches such as CfC.

Are there other changes that could be made to the CfC program, which build on existing strengths to improve delivery against the Working Together Agreement commitments?

In 2022, Brisbane North PHN commissioned **yourtown** to find out what a place-based initiative could look like, and what would help guide the progress of an initiative, within the Moreton Bay region. As a part of this work, **yourtown** conducted in-depth case studies and undertook a cross-case analysis with four Queensland place-based initiatives. Consistent across the four case studies were the following principles of success, associated with the approach taken, ways of working, resourcing and monitoring and evaluation:

- A commitment to listen to and work in partnership with the community, service providers and governance agencies.
- A funded position to drive local ecology development and experimentation, embedded in community
- Adequate resourcing for capability and capacity building of community and other collaborators
- Effective governance and leadership models
- Established monitoring and evaluation processes
- Flexibility, trust and a culture of transparency
- Long-term flexible funding options and partnerships
- Sovereignty over community governance and data.

In addition to the success factors, there are learnings regarding community-led partnerships:

- Establish a clear need and engage with community effectively
- Secure flexible, long-term fund
- Establish a comprehensive governance structure including local First Nations and community leadership.
- Develop a collective purpose and vision and build trusted relationships
- Monitor, evaluate, learn and reflect

## Communities for Children Facilitating Partners (CfC FP)

How should FPs actions and outcomes be measured? Would these be best done through the ideas proposed in the discussion paper or through another approach?

The work of the CfC FP is under-reported. If the department wants to enable FPs to record the types of activities they undertake and track outcomes, then they must capture and amplify the communities' and FPs' voices regarding the definition and measurement of FP's work and success. In addition, the department should recognise that different communities have varying needs, which means the activities and outcomes will also vary across communities. While it would be easier to implement general measures of activities and outcomes, there is a risk that key activities will not be captured due to specific and varying needs of communities. Furthermore, the work of FP is strongly grounded in relationships and trust, which take significant time to develop and maintain. Therefore, any approach to measuring activities and outcomes will need to consider the effort, skill, time and resources required for building relationships, including when programs commence and when there is staff turnover across services.

Should the current Evidence Based Program (EBP) requirement be changed? Would this be best done through the changes proposed in the discussion paper or through another approach?

The current requirements for 50% of direct service delivery funding to be directed at EBPs limits the ability of CfC FP program to be innovative and adapt to meet emerging needs of communities. This is particularly the case for communities with high numbers of families from Culturally and Linguistically Diverse (CALD) backgrounds and Aboriginal and Torres Strait

families. The discussion paper notes that there is an extensive evidence base of First Nations experience and ways of knowing, doing and being. However, evidence is lacking on community-model programs designed for multicultural communities and specific CALD cohorts. Evidence that meets the academic definition of high quality can often be conducted on CALD communities rather than with CALD communities, which means the voices of CALD communities are muted in the background.

Any monitoring, evaluation and learning approach must place the voices of the community at the fore. Giving the community a voice and encouraging their participation does not go far enough. People want to help build and co-produce the solutions to address their needs. **yourtown** regularly advocates to governments to find opportunities in service design and delivery to implement human-centred design and co-design processes rather than general consultation. Human-centred design is a problem-solving technique that places real people at the centre of the development process, enabling the creation of services that resonate and are tailored to the communities' needs. Co-design is a design process that is participatory, in which community members are treated as equal collaborators in the design process. Solutions for communities that are predetermined by stakeholders other than communities do not adhere to co-design principles. The current EBP requirement should be changed to include programs that are developed and delivered on a foundation of human-centred design and community led co-design. It is also important to note that significant time is required to build trust and relationships with communities. Therefore, grant funding should cover the costs and allow sufficient time for these processes in service design and delivery and establishing and maintaining lived experience networks.

**Recommendation:**

**That the current EBP requirement be changed to include programs that are developed and delivered on a foundation of human-centred design and community led co-design**

## **Family Mental Health Support Services (FMHSS)**

Should changes be made to FMHSS, so services are able to focus solely on early intervention? (If yes, please specify)

A key challenge in delivering FMHSS is the resistance from parents regarding their children accessing early intervention for mental health. Parents may minimise the issue when schools raise the possibility of mental health early intervention for their children; however, over time children may start to experience and display symptoms more frequently and intensely that impact other domains of their lives and families. By this stage, children need support for mild to moderate mental health issues, which is beyond the early intervention scope of the FMHSS program. A stronger focus on promotion and mental health education in schools and communities will reduce the stigma associated with mental health (particularly around accessing support for good mental health and not just when there is a problem) and improve engagement with early intervention. FMHSS providers could conduct more information sessions with parents and teachers about early intervention and the early signs to not dismiss.

**Recommendation:**

**That the FaC program funding allow flexibility to conduct promotion, education and prevention activities about services and help-seeking**

The children and young people that **yourtown's** FMHSS support often experience multifaceted issues, which can be exacerbated by the complex issues within their families. While children and young people are experiencing early signs of mental health, the family

setting may be at a secondary or tertiary stage (for example, in areas such as domestic and family violence, developmental delays, substance misuse by other family members, etc) which may require capacity building or referrals. The FMHSS program needs to recognise the complexity of the wider issues experienced and observed by children and young people, and the time and resources services need to address wider issue in the tertiary stage to see positive improvement in mental health. Moreover, The FMHSS program leans more towards one-on-one counselling support in a face-to-face setting which can be restrictive to meeting the needs of clients in a flexible manner. The program would benefit from allowing services to broaden their service offering by including other effective methods such as expressive therapies (e.g. play, art, music) and counselling using digital technologies where appropriate.

**Recommendation:**

**That services be allowed to broaden their service offering to include other methods including expressive therapies and counselling using digital technologies**

The inclusion criteria in the FMHSS program are too broad, which means young people who are beyond the early intervention stages of mental health support are eligible for support in FMHSS. For example, the program allows support to be provided for children and young people who have had a recent mental health diagnosis. The exclusion list needs to be tightened so that the program can focus more closely on early intervention.

**Recommendation:**

**That the inclusion criteria align more closely with FMHSS definition of early intervention and focus solely on early intervention issues and not mild, moderate or tertiary stage issues**

This highlights the wider issue of the 'missing middle' where the needs of certain cohorts of children and young people are not met by the current mental health system. The issues experienced by children and young people in this missing middle are beyond early intervention support, but they are too young or their issues may not be severe enough to access services that support issues further along the mental health care continuum. The government should explore ways to fund services to provide early intervention services and fund services to support the missing middle. This could include providing more funding to FaC programs, which would need to account for the different supports, activities and skillsets required by staff.

## **Children and Parenting Support (CaPS)**

Should changes be made to the CaPS program so services are better placed to focus on prevention, early intervention, and providing children with the best possible start to life? (If yes, please specify)

Staff in our Care PLUS program in Port Pirie in regional South Australia have noticed that families are presenting with more and more complex issues, which means staff must balance this work with the families they support for prevention and early intervention. Families with complex issues may be prioritised when they require urgent help, or their support takes longer because they require more intensive support. The CaPs program would benefit from a component for promotion and education regarding mental health and other issues that have stigma. This can be done by linking in with existing mental health literary programs such as Kids Helpline @ School which is scalable due to its digital nature.

Any changes to the CaPS program should ensure the definition of early intervention should not focus solely on the 0-5 year age group, but allow services to provide support early in the pathway of a problem. That is, services should provide intervention when children and young people begin to show problems and/or are at risk of developing problems. Restricting the definition of early intervention to the early childhood development stage of 0-5 years would leave a gap in services for families whose children are older than five years of age and are showing initial signs of problems and/or are at risk of problems. This cohort would not be eligible for services that provide support for mild to moderate or tertiary support. Furthermore, this cohort of children would be at risk of developing more severe issues if they do not have options for early intervention support. The CaPS program will be able to focus on prevention and early intervention if its definition of these concepts is shaped by community needs and the current service structure. This would minimise the risk of gaps in service structure and duplication of services.

**Recommendation:**

**That the definition of early intervention in FaC programs:**

- **allows support early in the pathway of the problem, and**
- **is shaped by community needs and the current service structure and ecosystem**

We would welcome the opportunity to explore these ideas with you in further detail. Should you require further information about any issues raised in the submission, please do not hesitate to contact Tracy Adams, CEO of **yourtown** via email at [advocacy@yourtown.com.au](mailto:advocacy@yourtown.com.au).