

Are you an individual or making a submission on behalf of an organisation?

Organisation

Organisation name

The Mirabel Foundation

Position

Manager Policy, Services & Partnerships

Is your organisation....?

- A provider currently funded under one or more of the 5 programs in scope for this consultation

What type of service or support do you mostly provide?

- A national program and/or information service
- Prevention or early intervention services
- Intensive family supports

What state or territory does your organisation deliver services and supports in?

- New South Wales
- Victoria

Where does your organisation deliver most of their services and supports?

Major city

1. Does the new vision reflect what we all want for children and families?

The vision is clear and broadly reflects what we want for children and families. However, it could better acknowledge that some groups, particularly kinship carers and grandparents raising grandchildren, face unique challenges that universal wording does not capture.

A vision that includes all families needs to recognise that complex and high-needs

cohorts often require more targeted, specialist support to achieve these outcomes. Strengthening the vision to explicitly acknowledge diverse caregiving arrangements would ensure it is inclusive of the families who are currently most at risk of falling through the gaps.

2. Are the two main outcomes what we should be working towards for children and families? Why/Why not? - Outcome 1: Parents and caregivers are empowered to raise healthy, resilient children - Outcome 2: Children are supported to grow into healthy, resilient adults.

The two outcomes are appropriate but achieving them requires acknowledging that not all caregivers start from the same position.

Kinship carers and grandparents often step into care suddenly, with limited preparation and no formal support. Many of these arrangements are informal or are exited quickly from child protection, leaving carers with high needs but no ongoing assistance. These grandparents are often in their 60s-70s, managing their own health issues while raising traumatised children.

For these children to grow into healthy, resilient adults, and for carers to feel empowered, there must be targeted support for those who face greater barriers and complex trauma. Universal approaches alone will not achieve the proposed outcomes for this cohort.

3. Will a single national program provide more flexibility for your organisation?

Potentially but not necessarily. As we are only funded under the CaPS program, moving to a single program will not have as much impact on us as it may for other organisations being funded under multiple programs.

If the program becomes too generic, it may inadvertently reduce flexibility by expecting all providers to meet all needs, rather than enabling specialist, targeted responses. This highlights the need for specialist services to be a significant component of the restructure and recognised as a distinct category, not forced to fit within geographic or generic stream definitions.

4. Does the service or activity you deliver fit within one of the three funding streams? Do these streams reflect what children and families in your community need now – and what they might need in the future?

Our program fits across all three streams:

Stream 1: We provide specialist information and parenting advice that is available nationally for kinship families

Stream 2: We intervene at the earliest possible moment when children move to the care of their grandparents or kinship carers. We offer targeted assistance relevant to their unique situation.

Stream 3: Our crisis support, telephone counselling and kinship carer support groups help to keep families together and reduce the risk of the children needing child protection intervention. Families are supported across multiple and complex areas to ensure a comprehensive response to the difficulties they face.

It is of some concern to us that our program may fall through the gaps when being assessed under these three streams because:

1. We are based in Victoria and NSW so our nationally available information and resources may not be viewed as a national program
2. Kinship family issues are often longstanding and children may move into the care of their grandparents or kinship carers at anytime during their childhood, so it may not strictly be seen as early intervention
3. Kinship families may not always meet the threshold for needing intensive support because the children are deemed as safe, despite the complexities of their situations and the need for intensive support throughout the child's lifespan.

This highlights the need for specialist services to be recognised as a distinct category, not forced to fit within geographic or generic stream definitions.

5. Are there other changes we could make to the program to help your organisation or community overcome current challenges?

Four key changes are recommended:

1. Explicit recognition of kinship and grandparent carers as a priority cohort - these families require targeted services and cannot be adequately supported by generic family programs.
2. Significant funding for specialist support. Place-based models cannot realistically develop expertise across all high-complexity groups.
3. Mechanisms to support informal kinship arrangements. Families caring informally (without legal orders) need access to support before crisis emerges. Without this, children are at real risk of entering or re-entering child protection.

4. Recognition that specialist services for complex cohorts represent value for money. Supporting one kinship family costs a fraction of the \$8.1 billion annual child protection system.

6. Do you agree that the four priorities listed on Page 4 are right areas for investment to improve outcomes for children and families?

Broadly yes, but they are incomplete. To meaningfully reduce child protection involvement, the priorities must recognise kinship families as a core prevention population, and the need for specialist targeted support, not only universal models.

7. Are there any other priorities or issues you think the department should be focusing on?

Targeted specialist support for kinship carers and grandparents raising grandchildren must be a priority if we are to reduce the number of children entering the Child Protection system. If they remain unsupported, both formal and informal kinship carers will not be able to keep the children in their care and they will become another number in an overcrowded foster and residential care system.

8. Do the proposed focus areas – like supporting families at risk of child protection involvement and young parents match the needs or priorities of your service?

While the proposed priority groups capture several vulnerable cohorts, they overlook one of the largest and most at-risk groups in Australia: kinship carers and grandparents raising grandchildren, including the substantial number of informal kinship carers who are providing care outside any formal order.

National data shows that almost 45,000 children were in out-of-home care as at June 2024, with 53% in kinship arrangements according to the State of Australia's Children 2025 report. Critically, parental substance abuse is a factor in 44% of child protection substantiations - directly aligning with the families Mirabel supports. These carers receive less support, fewer resources, and less access to specialist services than foster carers, despite caring for children with significant trauma histories and complex needs.

Beyond the formal system lies an even larger, largely invisible population of informal kinship carers (mostly grandparents) who step in during crisis to prevent

children entering statutory care. Research indicates that informal kinship care is three to four times more common than formal kinship care, but these carers receive no case management, no financial support, and no access to specialised services, even though the children in their care often experience the same levels of trauma, instability and developmental risk as children in out-of-home care.

The State of Australia's Children report highlights the scale of vulnerability among Australian children, including worsening mental health, instability, housing insecurity and systemic disadvantage. These risks are magnified for children already exposed to family breakdown, parental addiction, intergenerational trauma and violence.

Without targeted specialist support, both formal and informal kinship carers face a high risk of becoming overwhelmed. This can lead to placement breakdown with children entering or re-entering the child protection system. Relying solely on generalist or place-based services is not sufficient. Families with trauma histories and complex dynamics often feel they do not belong in universal services, and these services cannot realistically hold the expertise needed to support high-complexity caregiving arrangements.

Explicitly adding kinship carers (including informal kinship carers) and grandparents raising grandchildren as a priority cohort is a critical prevention strategy. Targeted, specialist support is essential not only for carer wellbeing, but also for keeping vulnerable children safe, stable and connected to family. This will in turn reduce demand on the child protection system and reduce the numbers of children at risk of entering the system.

9. Are there other groups in your community, or different approaches, that you think the department should consider to better support family wellbeing?

Kinship carers and grandparents raising grandchildren are a major group requiring targeted intervention. Approaches that are essential for this vulnerable group are:

- Specialist trauma-aware support, not generalist family programs
- Services designed around attachment disruption, intergenerational trauma, and complex family dynamics
- Support specifically for aging carers managing their own health while raising traumatised grandchildren
- Options that allow carers to access support without stigma or feeling out of place in universal programs

10. What are other effective ways, beyond co-location, that you've seen work well to connect and coordinate services for families?

- Warm referrals are essential, as is active follow-up to help families access the specialist assistance they need
- Interagency networking like the existing Communities of Practice currently facilitated by FRSA
- Partnerships where services are delivered together by two agencies who are servicing the same families eg. Each year we run two family camps together with Lord Somers Camp and Powerhouse

11. What would you highlight in a grant application to demonstrate a service is connected to the community it serves? What should applicants be assessed on?

- Existing DEX data demonstrating that families in need continue to access the service
- Feedback from program participants
- Lived experience input
- Data demonstrating community need
- Partnerships with specialist organisations

12. Beyond locational disadvantage, what other factors should the department consider to make sure funding reflects the needs of communities?

- Population demographics (aging populations providing kinship care)
- Hidden populations of informal kinship carers not captured in standard data
- Prevalence of parental substance dependency across socioeconomic groups
- Intergenerational trauma patterns across specific populations
- Social isolation of kinship carers who don't identify with mainstream services
- Language and cultural barriers for kinship families
- Digital exclusion affecting older carers' access to online supports
- Lack of kinship-specific expertise in service systems
- Stigma preventing kinship families from seeking help (particularly where parental drug use was the reason for the kinship care arrangement)

13. What's the best way for organisations to show in grant applications, that their service is genuinely meeting the needs of the community?

- historic DEX data should be a prominent consideration
- evidence of demand (access/engagement over time, number of referrals, etc)
- evidence of adaptation of programs over time

- testimonials from participants
- case studies that show need, intervention and outcomes
- impact data from surveys and existing DSS SCORE data

14. How could the grant process be designed to support and increase the number of ACCOs delivering services to children and families?

- Support for workforce development
- Partnership options/support for mainstream providers
- Simplified tender requirements

It is worth noting that some families prefer to access non ACCO-led services. This needs to be kept in mind so that First Nations communities continue to have choice. In the case of parental substance abuse, some families prefer to protect their privacy by accessing support services outside the ACCO community.

15. What else should be built into the program design to help improve outcomes for Aboriginal and Torres Strait Islander children and families?

- Consultation with the community to make sure any changes are what the majority of the community wants
- Continued access to training and education for workers in the sector, especially considering the high turnover of staff
- Flexibility to deliver culturally-informed, family-led models across all services

16. What types of data would help your organisation better understand its impact and continuously improve its services?

- The existing DEX data already does some of this, particularly the SCORE data over time.
- Increased use of validated tools to assess impact related to family functioning and caregiver wellbeing

17. What kinds of data or information would be most valuable for you to share, to show how your service is positively impacting children and families?

- case studies demonstrating how specialist support prevents escalation and return to crisis
- evidence of reduced placement breakdown
- ROI data showing cost effectiveness of preventing child protection entry

18. If your organisation currently reports in the Data Exchange (DEX), what SCORE Circumstances domain is most relevant to the service you deliver?

Family functioning
Community participation and networks

19. What kinds of templates or guidance would help you prepare strong case studies that show the impact of your service?

Simple, straightforward templates that include:

- Description of family need/circumstances
- Barriers to accessing mainstream services or difficulties previously experienced
- Intervention provided
- Outcomes achieved
- Perceived prevented escalation (e.g., child protection re-entry)
- Estimated cost saved to the system (there would need to be a formula for this)

20. What does a relational contracting approach mean to you in practice? What criteria would you like to see included in a relational contract?

- Trust-based, flexible partnerships
- Ability to adapt supports as needs change
- Less administrative burden
- Funding that recognises the complexity of vulnerable families and the cost of employing a skilled workforce

21. What's the best way for the department to decide which organisations should be offered a relational contract?

The number one consideration should be organisations with a proven track record working with DSS over many years to deliver successful programs. Historic DEX data should be taken into consideration as should the cost effectiveness of current programs. Providers working with high-complexity cohorts with expertise in meeting specific needs should be considered alongside geographic considerations, recognising that some vulnerable populations require specialist support regardless of location. Organisations with long standing relationships with specific vulnerable communities should also be prioritised to prevent complex cohorts from falling through the gaps.

22. Is your organisation interested in a relational contracting approach?

Why/why not?

Yes. Relational contracting supports the flexibility required to respond to complex family situations, including kinship care.

23. Is there anything else you think the department should understand or consider about this proposed approach?

The success of the new program depends on acknowledging that place-based and universal models will not meet the needs of every cohort. Kinship carers and grandparents raising grandchildren are a primary prevention group, keeping children safe every day. With 53% of children in out-of-home care in kinship arrangements, and parental substance dependency a factor in 44% of substantiations of child abuse, specialist support for these families is essential to achieving the government's goals.

Supporting kinship families represents exceptional value for money and directly prevents the most expensive interventions. This program will only achieve its vision if the needs of kinship families and grandparents raising grandchildren are recognised, prioritised, and funded.