

Introduction

ac.care welcomes the opportunity to contribute to the consultation on reforms to the Families and Children Activity (FaC).

As a regional South Australian organisation delivering Communities for Children (C4C), Family and Relationship Services (FARS), and Specialised Family Violence Services (SFVS), ac.care works with children, young people, parents, caregivers, and older adults who experience a wide range of vulnerabilities.

Our feedback is informed by regional practice experience, frontline insights, and the needs of families who rely on flexible, accessible, trauma-informed, culturally safe, and relationship-based support.

1. Vision and Outcomes

ac.care supports the proposed vision and finds it consistent with what families need to thrive: strong adults, safe environments, and children who can grow up nurtured and connected.

ac.care recommends changes to the two proposed outcomes:

Families are empowered to build home environments that are safe, strong and thriving

Children are supported to grow up in safe and nurturing environments

To strengthen the framework, ac.care recommends adding:

Outcome 3: Families are supported by strong, safe, and reliable support networks.

In regional communities, families often move in and out of vulnerability depending on the strength of their informal and formal support systems. Recognising this explicitly will ensure services focus on the systemic factors that support wellbeing, not only individual capacity.

2. Program Structure

ac.care supports a nationally consistent program structure with activity streams, provided that flexibility is preserved for regional variation.

Key considerations for regional South Australia include:

- Families rarely present with a single, isolated issue.
- People accessing one program often require supports that fall within other streams once rapport and trust develop.



- A single grant agreement for multi-stream delivery is essential to avoid fragmentation.
- Providers must be able to deliver activities across streams without administrative or contractual barriers.

ac.care emphasises the need for:

- The ability for clients to move fluidly between streams without re-referral
- Local decision-making about how streams are implemented
- Recognition of regional workforce constraints
- Stability of funding across all three streams

More detail is needed on how DSS will ensure continuity of all streams in smaller or more isolated regions.

3. Priority Investment Areas

ac.care supports directing investment to services that show strong community connection, proven performance, and the ability to deliver trauma-informed, culturally safe, inclusive practice.

Priority investment areas that are particularly relevant to our regions include:

- Domestic and family violence
- Complex family presentations (“missing middle”)
- Mental health and suicidality
- Alcohol and other drug impacts
- Parental stress due to economic and cost-of-living pressures
- Developmental delay and neurodiversity
- Families with limited access to specialist services
- Social isolation and limited transport options

Investment must support both early intervention and crisis responses, as many families only seek help once issues are well established.

4. Connected, Co-Located, and Integrated Services

Strong coordination and collaboration are essential to reducing duplication and improving client outcomes.

In regional areas, the most effective integration strategies often include:

- Interagency groups
- Formal and informal referral pathways
- Partnerships with schools and early childhood settings
- Outreach models
- Community-led initiatives
- Local cross-sector collaboration



Co-location alone does not guarantee effective integration in smaller communities, where privacy, workforce limitations, and infrastructure can restrict co-located models. DSS should recognise a broad range of place-based integration approaches that reflect regional realities.

5. Responding to Community Need

ac.care supports using a holistic approach to assessing community need. In our regions, vulnerability is shaped by:

- Prevalence of domestic and family violence
- Alcohol and other drug use
- Mental health concerns and suicidality
- Economic hardship and housing instability
- Drought, natural disasters, and environmental stress
- Workforce shortages
- Ageing populations with reduced support networks

Funding models must incorporate these drivers, not solely locational disadvantage.

Demonstrated community connection should be a key assessment factor, including:

- Responsiveness to emerging issues
- Adaptability of service models
- Feedback mechanisms
- Local trust and relationship history
- Cultural safety and inclusion

6. Supporting Aboriginal and Torres Strait Islander Children and Families

ac.care strongly supports the principle of self-determination and acknowledges the critical leadership role of Aboriginal Community Controlled Organisations (ACCOs).

ac.care recognises:

- The strength of kinship networks
- The importance of cultural identity for children
- The need for long-term, consistent funding for Aboriginal-led models
- The impact of intergenerational trauma and colonisation
- The value of locally designed responses led by Aboriginal people and organisations

Our role is to walk alongside Aboriginal communities, follow **local** guidance, and ensure that service delivery is culturally safe, respectful, and aligned with community priorities. For us this means being led by First Nations people on their country.



7. Measuring Outcomes

ac.care supports an outcomes approach that is:

- meaningful,
- culturally safe,
- ethical,
- and not administratively burdensome.

Key considerations:

Data for improvement:

- Family functioning
- Safety
- Wellbeing and mental health
- Parenting capacity
- Social connection
- Accessibility and participation trends

Data for demonstrating impact:

- Qualitative narrative and client voice
- Changes in safety, stability, and resilience
- Trends over time
- Strength-based measures

ac.care recommends:

- Transparent data sharing to support system learning
- Funding that includes staffing and resources necessary for reporting
- Ethical guidelines for case studies to avoid deficit framing or tokenism
- Ongoing evaluation of the new model to ensure it is delivering the intended outcomes

8. Working Together – Relational Contracting

ac.care strongly supports a relational contracting approach grounded in partnership, flexibility, and shared accountability.

Key elements include:

- Clear, consistent communication
- Trust-based relationships with DSS staff
- Flexibility to innovate and adapt services



- Reasonable administrative expectations
- Stability of departmental contacts
- A culture of continuous improvement

Relational contracting is particularly important in regional areas where providers must respond quickly to emerging local issues, workforce shifts, or community crises.

9. Additional Considerations for Regional Australia

- Transition periods must be carefully managed, particularly for services operating under the current FRC and FARS models.
- A failed commissioning round has outsized impacts in regional Australia, where alternative providers may not exist.
- Providers need adequate time to prepare for the proposed 2026 procurement process.
- Workforce shortages are acute in regional areas — flexibility in role design and delivery models is essential.

Conclusion

ac.care supports reforms that strengthen the family support system by promoting:

- Flexibility and responsiveness
- Holistic, whole-of-family approaches
- Seamless pathways between service types
- Culturally safe, trauma-informed practice
- Strong community connection
- Ethical, meaningful outcome measurement
- Partnership and shared accountability
- Sustainability for regional service delivery

With careful design and implementation, these reforms offer significant potential to improve outcomes for children, young people, and families across regional Australia.



