

Anglicare Victoria response to the DSS consultation: A new approach to programs for children and families (December 2025)

Anglicare Victoria welcomes the opportunity to provide input into the further development of this important program.

Responses to individual questions are provided below. We would also welcome the opportunity to discuss the issues raised in the discussion paper in more detail.

Vision and outcomes

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

Anglicare Victoria supports the proposed vision statement that “All children and young people are supported by strong families who have the skills and confidence to nurture them.”

The Department may also wish to consider variations on the statement that 1) ensure a very strong focus on the overarching outcomes of the program, and 2) strengthens the focus on service delivery to support families, children and young people. For example:

“Children, young people and their families are supported to build the skills and confidence they need to grow and thrive.”

We also note that children’s voice and children’s rights are an important part of the contemporary policy context and explicit reference to these could be considered for inclusion in program materials and guidelines. Further, not all people are supported by strong families, and where this is the case (e.g. the person has been raised in statutory care) there is an important role for government-funded programs in supporting them.

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.

Anglicare Victoria welcomes the clear articulation of the program outcomes in the discussion paper.

We would support further refinement of these outcomes statements to ensure that they appropriately capture the outcomes, and reflect and acknowledge the strengths and the diversity of the clients and communities who benefit from them as follows:

Outcome 1: Children are supported to grow up safe, healthy, happy and connected to community and culture.

Outcome 2: Parents, caregivers and communities are empowered to raise healthy, safe, and resilient children.

The rationale for the suggested changes is:

- That the outcome statements should focus on the health, wellbeing, happiness and safety of children in

their own right – and that therefore reference to their adulthood is unnecessary. The suggested amendments are more inclusive of children's right and voices, and recognizes children as active community members

- That supporting children to be happy, healthy and resilient is not the responsibility of parents and caregivers alone, but that the communities and cultures and broader families that surround them also have an important and protective role. This is particularly important if a person has grown up in statutory care.
- We believe this is a more culturally inclusive approach, and particularly important for families and children facing significant disadvantages or managing complex challenges.

Program structure

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

Anglicare Victoria welcomes the development of a single national program, as it provides greater potential for alignment, coordination and consistency in approach.

The move to a single national program potentially creates greater capacity for an organisation like us, with established service delivery capacity and expertise across the proposed streams, to provide a more effective service for children and families by developing a broader and more seamless suite of service options and pathways.

The extent to which we can capitalise on this flexibility will, however, be subject to a range of factors including the funding model, service parameters, eligibility and accountability frameworks that will apply within the broad framework set out in the discussion paper.

Elements that will influence the level of flexibility possible under the new model includes whether there is transferability of targets across streams/programs (e.g. the ability to work with families under different streams as their needs change or different needs are identified).

The circumstances of a given community - and the children and families within it - change over time, so it is also important that the reporting and accountability framework is able to retain the flexibility to accommodate this. Examples of such changes include shifts in the local socio-economic environment (e.g. the closure of a regional town's major employer) or sudden population changes (e.g. large-scale settlement of a refugee community with few previously established community links). These changing circumstances can impact on both the types of outcomes that are most appropriate to focus on and on what can be achieved.

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 - want what they might need in the future?

Anglicare Victoria currently provides Children and Parenting Support (CaPS) in Gippsland, we are Communities for Children Facilitating Partners (CfC FP) in Victoria's South (x 2) and North Central regions and deliver Family and Relationship Services (FaRS) in the East, South, Gippsland and Northern Metropolitan regions. There is strong demand for all of these existing services, and a clear need for them to continue.

The activities that we deliver directly and facilitate via Communities for Children would primarily fall into Streams 2 and 3.

We also note that as one of Victoria's leading child and family services providers, Anglicare Victoria provides services that span all three streams identified in the paper.

Anglicare Victoria provides intensive family services and evidence-based programs focusing on disadvantaged

families and children, and works in the Orange Door (the multi-agency community-based entry point for children, young people and families needing support) across the state, which provides integrated child welfare and family violence services. In addition, AV provides a range of other services, drawing on various funding sources, which enable us to respond to a broad range of family needs, including emergency relief, financial counselling and specialist education support for children disengaged or disengaging from school (TEACHaR, Navigator).

The FaCs program is a vital part of this continuum of service delivery, as it provides one of the few sources of funding for the proactive support of vulnerable families under both Stream 1 and Stream 2 which enables us to address issues and tensions within the family to prevent engagement with these more tertiary level services.

We have also successfully partnered with the Australian government to deliver that national School Student Broadband Initiative (SSBI) to boost education opportunities and narrow the digital divide. We connected around 30,000 qualifying families with school-age children a free NBN service. This targeted national program has strong parallels with Stream 1.

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

Changes to the program that would help us to more effectively achieve outcomes are discussed below

1) Rationalise and streamline reporting

While strong accountability is important, it is also important that it is proportionate and does not create unnecessary administrative burden. The move to longer funding agreements is an important step in this direction.

Implications the proposed program changes may have for reporting and accountability are not discussed in great detail in the paper. Issues to be considered should include

- A focus on outcomes for children, families and communities rather than inputs
- Ensuring that all data items collected have a clear purpose and rationale
- The frequency of collection and reporting cycles are realistic and appropriate to the context
- That reporting and accountability is proportionate to the funding – for example, the department could consider a tiered approach to minimise the burden on small providers.

2) Build-in flexibility to shift funding between program activities

Longer-term contracts are an important step forward in developing sustainable and robust programming, partnerships and community relationships and trust. In this context, it will be important that providers have the capacity to refine their approach and offerings to respond to changing community needs, and to deliver continuous improvement in the way services are delivered.

Anglicare Victoria would support building in this level of flexibility to allow for these changes to occur without triggering extensive re-negotiation of agreements, contracts and plans. This can be avoided by ensuring there is a robust mechanism in place for shifting funding between activities. Possible mechanisms to achieve this include assessing performance in aggregate, rather than against individual programs, or by establishing a standardised approach to shift funding between program activities.

3) Strongly embed (and resource) planning, coordination and capacity building into the model.

Facilitating Partners play a critical role in providing support and building capability and are able to coordinate services that are uniquely tailored to local needs, as well as the strengths of local organisations and communities. Further, as an established service it provides a recognized focal point for community

organisations and has governance structures and infrastructure (including resources such as websites) to support this role.

This capacity building and support function builds capacity across providers and community members which in turn strengthens service delivery across local communities and the sector as a whole. The information provided in the discussion paper is unclear how this planning, coordination and capacity building role will be accommodated within the proposed model, but there would be significant value in retaining it as a recognised, funded function of service delivery.

Prioritising investment

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

Anglicare Victoria supports the Australian government's 4 priorities as listed on page four of the discussion paper:

1. Invest early to improve family wellbeing, break cycles of disadvantage, and reduce the need for later interventions – like child protection.
2. Prioritise connected, co-located, and integrated services that work together to meet family needs.
3. Ensure services are informed by, and respond to, community needs.
4. Improve outcomes for First Nations children and families by increasing the number of Aboriginal and Torres Strait Islander community-controlled organisations (also called ACCOs) delivering supports in locations with high First Nations populations.

We would however recommend some minor amendments, as follows:

<i>Suggested amendment</i>	<i>Rationale</i>
1. Invest early to improve family wellbeing, break cycles of disadvantage, and reduce the need for later interventions – like child protection.	Suggested change maximises opportunity to respond to local need and minimises the risk of duplication of existing services (including state funded services) that target families at risk of child protection involvement.
2. Prioritise Promote and facilitate connected, co-located, and integrated services that work together to meet family needs.	Suggested change is inclusive of taking active measures to improve and strengthen local service networks, in preference to the more passive 'prioritise'.
3. Ensure services are informed by, and respond to, community needs.	(no suggested change)
4. Improve outcomes for First Nations children and families by increasing the number of Aboriginal and Torres Strait Islander community-controlled organisations (also called ACCOs) delivering supports in locations with high First Nations populations.	(no suggested change)

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

A focus on care-leavers

Jurisdictions across Australia now recognise care-leavers as the most disadvantaged group of young people under the age of 25. There is a strong body of research across Australia demonstrating that this cohort has poor outcomes when compared to their peers across a number of domains including health and mental health, housing and homelessness, education and employment and involvement with the justice system. Regrettably, as Professor Leah Bromfield has shown, the impact of their experiences can be felt throughout the life course and are frequently intergenerational.

This group of young people have often experienced maltreatment in childhood, and due to the circumstances of having been taken into care, may have particularly limited experience of parenting models and techniques. They are also a cohort for whom government, as 'corporate parent', is uniquely responsible. We strongly argue, therefore, that people with a care experience are recognised in the program as focus of the program.

Innovation and improvement

Anglicare Victoria strongly supports the development of innovative models as part of our efforts to continually improve the services that we provide and the outcomes that we deliver.

We have invested heavily in innovation, ranging from the establishment of one of Victoria's first two social impact bonds, COMPASS, to our ground-breaking Rapid Response model which works intensively with families at risk to prevent children from entering out of home care. Drawing on this experience, we understand that designing, testing and implementing innovative solutions requires time and resources, including time for respectful and meaningful work with clients and communities.

For this reason, DSS may wish to consider making specific reference to capacity building and continuous quality improvement activities to support the development, implementation and evaluation of innovative responses to priority issues. This would include long-term (multi-year) development projects which could be made available to and benefit the sector as a whole. It could be inclusive of innovative, evidence-informed service delivery models as well as systems-oriented projects such as testing of place-based, cross-organisational approaches to outcome measurement, and good practice in relation to human-centred design and embedding client voice.

Improving family wellbeing

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?

Improving family wellbeing and intervening early are vital elements of the approach which Anglicare Victoria supports.

The diversity of families' and children's lived experience means that it is also important to maintain flexibility and capacity to respond to individual families' needs. With this in mind, we would be concerned if the program became limited to the "key areas of interest" identified in the document.

Families at risk of child protection involvement

While it is important to prevent any risk of child protection involvement, earlier intervention is also important to address and break cycles of disadvantage and the need for later interventions even when there are no protective concerns. Examples may include families where there are disabilities, neurodiversity or learning difficulties present in the family, or when there is limited family literacy but no protective concerns. Early intervention in cases such as these can prevent a lifetime of reliance on services and supports and should have access to support even if risk of protective support seems low.

Prevention and early intervention for children aged 0-5 years

Prevention and early intervention are critical in the early years. For example, Bendigo supported playgroups were identified as a significant need/gap and have often proven to be valuable 'soft' entry points into services for families.

Service gaps also often emerge for older children. Further, it is frequently the case that family challenges and difficulties – whether related to parenting or other factors – often do not become apparent until after five years old when issues with learning and socialising emerge.

For this reason, Anglicare Victoria would welcome the opportunity to focus prevention and early intervention activities based on an assessment of risk and vulnerability rather than falling back on an arbitrary age range.

Further, this would allow more effective service planning by providing greater flexibility to target service delivery to existing service gaps.

Young parents aged under 25

Parenting challenges and the need for parenting support can arise for a number of reasons and often relate to lack of experience and/or exposure to positive parenting models. Young parents are an important target group, particularly young single parents, and particularly those without access to positive familial or peer support.

It is also true that parents of all ages can experience parenting difficulties, particularly as their children move through stages of development that can bring new challenges. The best preventative and early intervention outcome will be delivered if we can focus on the need for skill development as the key parameter, rather than the age of the parent. Prevention and early intervention will be most effective if providers are able to focus on those areas where evidence-based analysis of need combined with effective service coordination can be the key driver of priorities.

Another particularly vulnerable group is young people living in or leaving statutory care, who often have limited or no familial and community connection and therefore require access to program support. As Prof. Leah Bromfield's research has shown, it is a cohort where there is a strong risk of intergenerational trauma and disadvantage, so the potential benefit of early intervention and prevention activities to prevent this is significant.

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

As previously noted, the best outcomes will be achieved if the program has the flexibility to respond to demonstrated local needs. These needs should be determined by both available quantifiable evidence on changing demographics and other data, as well as a review of key issues facing the local community. It should also be informed by client voice and feedback.

Common issues identified by our staff include children and families at risk of disengagement from mainstream services, including those who are culturally and racially marginalized, refugees and asylum seekers, and those who have disabilities or are neuro-diverse, but not eligible for or able to access disability services.

Our teams are also finding that families participating in the Communities for Children group are increasingly complex and facing multiple challenges. Facilitators play a key role in working with providers to provide wrap-around support for these families.

This includes families who live in areas where relevant supports are not otherwise available. It should also be noted that the program design will need to consider concurrent changes to the Thriving Kids program in order to ensure that there is not a program gap for vulnerable and disadvantaged families.

In addition, children and young people who live or have lived in statutory care may experience changes in placement, childcare and school which may mean early indicators of developmental delay etc. are missed and should be considered as a priority cohort.

Connected, co-located and integrated services.

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

We strongly support connection, co-location and integration as a key priority in the interests of our clients receiving the best service possible.

The benefits of co-location are well established and there are many examples of it working well. While important, it is not always a viable option and integration can be achieved in other ways. Co-location requires investment is often only an option in large population centres where there are multiple providers operating.

Further, co-location can imply centralisation, and this can mean reduced access for children and families living in small or outlying areas related to distance, travel times and affordable transport options.

Other factors that contribute to strong connection and coordination of services for families include

- Alignment of assessment and referral protocols, to ensure there is a common view of need and the appropriate service response. The common adoption of the Multi-Agency Risk Assessment and Management (MARAM) Framework in Victoria is an example of this.
- Development of integrated cross-disciplinary teams (including those involving multiple organisations), such as those employed in The Orange Door Network.
- Local governance and coordination mechanisms such as Victoria's Child and Family Services Alliances.
- Ensuring that individual partnership agreements, contracts and sub-contracts address role delineation and referral pathways, driven by client needs and prioritisation
- Protocols and data- and information-sharing arrangements that work to minimize the need for clients to repeat their stories and engage in multiple assessments and eligibility tests.
- The availability of large services with multiple program offerings, such as Anglicare Victoria, to ensure that clients can be readily linked to additional relevant services. This is particularly important in an environment where many families have multiple and complex service needs.

Communities for Children has demonstrated excellent outcomes as a targeted, place-based model in working together to meet community needs. An example is supported playgroups as a soft entry point to other services and supports. The roles of the Facilitating Partners and local governance committees have been vital to achieving service collaboration.

What would you highlight in a grant application to demonstrate a service is connected to the community it services? What should applications be assessed on?

Anglicare Victoria has developed an extensive suite of services because we understand that families need a range of supports, and it is part of our role as a service provider to ensure that they are connected, co-located whenever appropriate, and integrated. Accessing any service is difficult for a family that is struggling, so ensuring that duplication and fragmentation is limited is a core part of our role.

With almost 2,200 people working across 96 locations across the state, Anglicare Victoria worked with more than 50,000 Victorians during 2024-25. Services offered range from out-of-home care, family services and family violence responses to educational support, food relief and connecting school children with NBN through the Australian Government's School Student Broadband Initiative.

In addition, it is important that providers are engaged with existing governance and coordination structures such as:

- Multi-agency service delivery arrangements such as Victoria's The Orange Door network
- Child and Family Services Alliances, Primary Care Partnerships and similar cross-agency bodies
- Established and demonstrated capacity for population-based planning and needs analysis, which is a capacity that existing Facilitating Partners have developed, and
- A robust approach to engagement, collection and analysis of client voice and feedback.

Providers should also be able to demonstrate established, functional and trusting partnerships with other local providers. For example, Anglicare Victoria works closely with the Victorian Aboriginal Child Care Agency (VACCA) on a number of initiatives and programs, and our Communities for Children network in Bendigo has worked extensively with local Aboriginal organisations to arrange family days and provide opportunities for community members to meet workers in an informal, supportive setting to encourage service engagement. Other partnerships which support engagement with hard-to reach cohorts include our relationships with the Southern Migrant Resource Centre, Families and Parents with Mental Illness (FaPMI) and the Centre for

Responding to community need

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

There are a number of factors to consider in identifying locational disadvantage, including the availability of alternative or comparable service options, distance and affordable travel options.

Family needs should be the driving consideration in identifying whether families and children can access the support they need. For example, a culturally and racially marginalised family may have limited support in an area that is otherwise well-served.

Another key factor is related to the family or child's individual circumstances, particularly in cases where they may be experiencing multiple concurrent challenges. The ability to engage these families in a way that is accessible and useful to them is very important if the program is to prevent and intervene early in emerging issues and is an important consideration in service design.

As previous reviews have noted, analysis of relative locational disadvantage also needs to occur at a granular level, so that pockets of disadvantage that exist within otherwise well-served locations can be identified and responded to. An example of this is where a large public housing development is established, or a community of newly arrived refugees is formed.

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

Providers should also be able to demonstrate established, functional and trusting partnerships with other local providers. For example, Anglicare Victoria works closely with the Victorian Aboriginal Child Care Agency (VACCA) on a number of initiatives and programs, and our Communities for Children network in Bendigo has worked extensively with local Aboriginal organisations to arrange family days and provide opportunities for community members to meet workers in an informal, supportive setting to encourage service engagement. Other partnerships which support engagement with hard-to reach cohorts include our relationships with the Southern Migrant Resource Centre, Families and Parents with Mental Illness (FaPMI) and the Centre for Multicultural Youth.

More broadly, organisations could demonstrate use of community-led approaches including consultation with families, sector and the community that informs robust local needs analysis. This can include development of and engagement with community representative committees

Improving outcomes for Aboriginal and Torres Strait Islander children and families

Anglicare Victoria is strongly committed to self-determination, as is committed to walking alongside ACCOs, ACHOs and First People and their communities to ensure that services are culturally safe. The most straight-forward way of achieving this is for ACCOs to deliver services wherever they have the capacity to do so.

We are privileged to have a number of active service partnerships and contractual arrangements with ACCOs, and are also supported by our own staff who are First People and our Cultural Leads to ensure that any client that identifies as First People has the opportunity to connect with culture and community, as well as receiving a culturally safe service if they choose to engage with Anglicare Victoria.

We fully support this priority.

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

Aboriginal Community Controlled Organisations are best placed to advise on how grant processes can better support their participation.

Our own experience would suggest that the grant processes can be improved for all service delivery organisations by:

- Providing long-term security of funding
- Minimizing administrative and reporting burden
- Ensuring realistic expectations in terms of performance targets and pricing, including costs associated with planning, coordination, administration and reporting.
- Providing the flexibility that allows services to respond dynamically to family needs
- Responsive contract management that allows for discussion and resolution of emerging issues
- Allowing sufficient time for application and implementation, acknowledging that these are time and resource intensive processes.

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

There is strong evidence that connection to Culture and Community is a strong protective factor for First People children and families.

Program design needs to incorporate opportunities to connect with Culture and Country. This may include facilitating participation in cultural and community events, or opportunities to connect with Country and Elders. Capacity to resource this is important, and may include staff time, transport costs etc.

Prioritising First People staffing and leadership is an important part of Cultural safety. Further, self-determination is a key principle in supporting First People's autonomy and sovereignty, and a key mechanism through which the ongoing impacts of colonialism can be addressed. Therefore, it is also an important part of achieving outcomes.

Finally, sector-wide workforce shortages impact on all organisations, but we understand that they are particularly challenging for ACCOs.

Measuring outcomes

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

Community needs assessments should be based on a shared understanding and a common approach. Publishing DSS findings in relation to locations of greatest disadvantage and target areas will facilitate effective planning and reduce the risk of wasted or duplication needs assessment work.

In addition, DSS can add significant value by providing data on child protection engagement rates, which can be very difficult to access in a timely way on a local or state basis.

Availability

The availability of timely and accurate data about local population needs – including health and wellbeing data and socio-economic factors that influence health and wellbeing is a basic requirement. It should be noted that in many cases large government agencies are more readily able to access and compile this data than individual service providers are, and are able to add significant value by compiling and distributing key information in a timely manner.

Performance, accountability and review would be further strengthened by improved data transparency and consistency across agencies. Anglicare Victoria supports DSS working with providers to develop a standardised, place-based suite of aggregate reports on shared outcomes for relevant providers as the dataset becomes more fully developed. However, it is acknowledged that this will be dependent on supporting improving the quality of data and should be proportionate to funding and capacity.

A significant volume of data is currently being collected, and participating organisations, and the sector as a whole, should have the opportunity to benefit from the learnings that analysis of this data would provide, and would support this work being carried out by a central agency such as AIHW with findings distributed to all participating organisations.

In the longer term, there needs to be flexibility within funding, reporting and accountability frameworks to identify areas of innovation where new approaches are being trialed and amend performance measures (throughput targets, for example) where this requires change or resources to be deployed for development and implementation.

Measuring outcomes

The development of appropriate measures is critical to the effective implementation of an outcomes-based approach. This is often more challenging than the development of the framework itself.

The development of place-based outcomes measurement is in its infancy, and there needs to be careful consideration to the extent to which Facilitating Partners in a given local area can influence outcomes that are the combined result of broader community factors and the service system as a whole. For example, the proposed outcomes framework acknowledges contextual factors including employment, physical health, stable housing and material basics. FaCs programs have limited ability to influence these factors, so assessment of outcomes needs to be able to control for them.

The resources available to Facilitating Partners for monitoring and evaluating outcomes are limited, and the delivery arrangements in place in a given area are often complex. The scope and timing of implementing outcome-based measures must be proportionate to the resources available.

Many state governments are also developing outcome frameworks relevant to families and children. Misalignment between the outcomes frameworks applied by different funding bodies will increase the administrative and reporting burden on service providers.

Finally, the measurement of outcomes also needs to accommodate the subjective experience of participating

children and families. Providing engagement, stability, safety and increased community connection is a valuable outcome in itself. The positive outcome of these protective factors is well documented, but not always readily captured in the short-term of a family's engagement with services.

Flexibility and proportionality

The FaCs program supports a range of diverse programs operating in a range of diverse communities. Not all measures will be equally relevant to each community or program. Agreeing on a small number of priority measures in each instance is one approach to accommodating this diversity.

Collective impact

There are models available for assessing the effectiveness of place-based approaches and collective impact. However, significant challenges remain (as outlined in the following AIHW paper on collective impact: <https://aifs.gov.au/cfca/publications/collective-impact-evidence-and-implications-practice>). These could inform the further development of appropriate outcomes measures for facilitating partners.

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?

In addition to the standard data collections already discussed, there are a number of key elements that should be considered to ensure that our service is positively impacting children and families.

Client voice

Noting that the need to protect and preserve client confidentiality and rights is paramount, capturing client voice and lived experience is critical to assessing the value of current service offerings, and informing our view of emerging or unmet needs. As noted above, a positive service experience is in itself a positive program outcome for many families, particularly those who are disengaged from, or at risk of disengaging from, other services.

Implementation

Implementation is increasingly recognised as a key determining factor in program development and delivery, and a key determinant of whether or not a program's objectives and outcomes can be achieved. Anglicare Victoria would welcome further exploration and sharing of key implementation measures and approaches that have led to successful outcomes.

Most Significant Change technique and stories are a valuable part of Measurement, Evaluation and learning planning and processes.

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

The SCORE Circumstances domain most relevant to our current services is *Family Functioning*.

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

Anglicare Victoria has a strong tradition of using and developing a range of case studies for different audiences. A key value of developing templates or guidance for doing so would be for us to be able to access and benefit from the experience, innovations and ideas from other providers. We would welcome the development of a large repository of case studies that was searchable (e.g. by use of #tags), including contact details of the service provider for further information.

Key elements for inclusion in case studies we would suggest:

- Basic program details – Size, scope and target, objective
- Staffing and workforce – profile and challenges
- Implementation – key factors that have allowed the program to be successfully implemented. This may include a range of factors such as partnership or connection with critical community groups or changes to the location or suite of services (e.g. providing free nappies as a key engagement mechanism for at-risk new parents)
- Learnings – reflection on learnings so far. This may include further developments planned or identification of emerging or unmet needs that may have arisen from work with the client group.
- Consultation and client feedback
- Key measures and quantifiable outcomes
- Formal evaluations (available or planned)

Working together

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

For Anglicare Victoria, a relational approach primarily means having the ability to work with our contract partners to ensure that they can respond effectively to client needs as they change.

This is particularly important when changes in the local environment, such as a natural disaster, closure of a major local employer, pandemic or other traumatic event requires a service response. Essentially, it creates a mechanism by which viable and sustainable and timely solutions can be developed to support families and children in the community.

Anglicare Victoria has extensive experience and an established reputation in working co-operatively and flexible with our various funding bodies and can cite a number of examples when we have worked with funding partners to implement agreed changes to service delivery, including standing up new services in very short timelines. We are fortunate that our organizational capacity and large workforce allows us the flexibility to achieve this.

Key to relational approaches is ensuring that there is capacity for transparent and engaged discussion – which can be initiated by either partner – about what is required. This needs to be grounded in a realistic assessment of what is achievable within the identified constraints, and a shared, evidence-based understanding of the cost and funding implications, followed by clear agreement and structured discussion of shared goals and guiding principles (see *Formal Relational Contracts and the Commissioning of Complex Public Services* (Considine, 2024).

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

While more detail of the department's view of the nature and intent of relational contract would be required to make a more comprehensive assessment, on the information available the key criteria should be whether both partners have the capacity to manage any additional financial or operational risk that relational contracting may involve.

Anglicare Victoria's experience would suggest that relational contracting can be very challenging for small service providers. However, there is potential to utilise local commissioning arrangements (such as currently employed in the Facilitating Partners model) to better enable participation of smaller agencies.

Is your organisation interested in a relational contracting approach? Why/why not?

Yes, Anglicare Victoria is interested in a relational contracting approach.

We have the capacity to confidently manage such an arrangement, and we believe it offers considerable advantages in our ability to adapt and respond in a timely manner to community needs.

We are fortunate to have the staffing complement (approximately 2500), the statewide infrastructure (with nearly 100 locations statewide) and the financial capacity to absorb short-term variations. This means that we can respond readily and rapidly to change as required. For example, during the COVID pandemic we were able to mobilise a response to support vulnerable families in large public housing towers in a matter of days, in partnership with the Victorian Department and other local partner organisations.

Other

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

System change

Improving family wellbeing, particularly there is entrenched or intergenerational disadvantage, requires system change as well as service delivery.

Implications for Communities for Children

Anglicare Victoria would like to explore whether there is opportunity to retain and expand the successful Communities for Children approach within the new Families and Communities activity.

Communities for Children is a proven, place-based initiative that strengthens families and improves outcomes for children in disadvantaged communities. Independent evaluations have highlighted its impact in improving parenting confidence, reducing harsh parenting practices, and fostering better child development outcomes.

The Communities for Children approach enhances service coordination and community engagement, which are critical for long-term social change. It has also delivered strong value for money with analysis showing a significant return on investment, making it not only socially beneficial but economically sound. Anglicare Victoria strongly believes that the Communities for Children platform, or a similar local commissioning approach, would be a valuable element within the new activity.

Opportunities for cross-government alignment

As a large delivery agency, Anglicare Victoria engages with all three levels of government: Local, State and Federal. While the different levels of government have clear roles and responsibilities, too often this is experienced by families as discontinuities in service connections and support eligibilities. For example, while we often seek to engage with local government in our role as Facilitating Partner, its engagement with our planning processes can be variable across different areas.

There can also be inconsistencies in definitions in geographical service boundaries, or the different pathways that are being taken in the development of outcomes frameworks between State and Federal governments. Wherever possible, we believe it would deliver better outcomes and increase efficiencies if these were aligned.

It has also been raised with us that for First People, traditional Country boundaries are more meaningful than government administrative boundaries. For example, whether or not a program serves Bunurong Country may be more significant to a client than whether it falls into the Frankston/Mornington Peninsula catchment.

Aligning with Thriving Kids

Anglicare Victoria is also aware that the Australian government has recently consulted on the development of Thriving Kids. We have provided input into that review, noting that the proposed approach, with its heavy focus on engaging with mainstream and community-based services (including the private sector) may not work well for highly disadvantaged families and those with multiple needs.

We would like to see the scope and role of Thriving Kids to be considered in further refinement of this program, to ensure that families in need of support have appropriate service access and that both sectors can work together to ensure the best outcomes for those needing early intervention.

Timelines

Anglicare Victoria appreciates the opportunity to comment on the proposed approach within the timelines available.

Decision making and grant application timelines do impact on existing service delivery and place-based momentum in communities. They impact on Community Partner organisations, programs and staffing, and can result in disengagement of Community Partners if funding appears insecure. Lack of certainty also impacts on the engagement of Steering Committees, Communities of Practice and other stakeholder groups and established relationships.

We look forward to hearing further information about the process for implementation and commissioning, and trust that there will be sufficient time allowed for the agency to fully consider and implement any necessary changes.