

5 December 2025

Department of Social Services
National Office
GPO Box 9820
Canberra ACT 2601
Via email: families@dss.gov.au

ANGLICARE WA RESPONSE: A NEW APPROACH TO PROGRAMS FOR FAMILIES AND CHILDREN

Dear Department of Social Services,

Anglicare WA is pleased to make the following submission with reference to the Department of Social Services' (Department) new approach to programs for families and children.

Anglicare WA is a leading not-for-profit organisation in Western Australia that reaches over 102,000 people each year in times of need. We provide support, counselling, accommodation, and advocacy for people impacted by poverty, homelessness, domestic violence, grief by suicide, and mental health. This includes direct support to approximately 12,000 people through child safety and wellbeing, family functioning, FDV, and parenting support services in FY 2024-25. Some of these services include (funded by a range of sources):

- Child Sexual Abuse Therapy Service
- Family and Relationship Services (FaRS)
- Men's Behaviour Change
- Parent & Adolescent Counselling Service
- Recovery After Violence Service
- Specialised Family Violence Service (SFVS)
- Supporting Children After Separation Program (SCASP)
- Young Hearts
- Young Parents Support Service
- Young Parents Yarning

The Anglicare WA submission contains the following sections:

- General remarks about the new approach
- Recommendations to strengthen the new approach
- Response to Discussion Paper questions

The responses in the submission have been collated from practice areas across Anglicare WA, incorporating the views and insights of frontline workers and practice leaders.

We thank you for the opportunity to share our insights and look forward to continuing this dialogue and partnering with the Department on the development and implementation of its new approach.

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GENERAL REMARKS

Programs that support families and children are critical to building safe, connected, and resilient communities. They enable the foundations for wellbeing by strengthening relationships, providing critical early intervention, and addressing challenges before they escalate into crises. These programs are often a lifeline for families and children navigating complex issues such as family and domestic violence (FDV), poor mental health, poverty, and social isolation.

Anglicare WA is committed to creating safer, stronger communities across Western Australia (WA). To achieve this, we've invested in specialist teams such as Innovation, Advocacy, Practice Excellence, and Service Strategy to ensure we can listen deeply to communities, respond to their needs, test new ideas, and challenge systems that no longer serve them.

Anglicare WA is also proud to be one of the more than 240 organisations across Australia funded by the Department of Social Services (the Department) to deliver programs under the [Families and Children Activity](#). In FY 2024-25, we received over \$3 million in funding to provide Children and Parenting Support (CaPS), Family and Relationship Services (FaRS) and Specialised Family Violence Services (SFVS), directly supporting 1,636 people in WA and creating pathways to safety and wellbeing.

That is why Anglicare WA welcomes the intent and aspirations behind the Department's new approach to programs for families and children. We are broadly supportive of the new approach's vision and commitment to improving outcomes for parents, caregivers, and children.

As one of the largest community service providers in WA with almost 50 years of frontline experience, we, alongside others in the sector, are navigating pressures and complexities that challenge our ability to meet the growing needs of the communities we serve. The ongoing cost-of-living and housing crises, alongside chronic underfunding, have driven high staff turnover and disrupted workforce sustainability. Families are presenting with more complex needs, requiring integrated, trauma-informed responses that go beyond the scope of universal services. Workforce shortages and the unique geographic realities of WA (spanning vast regional and remote areas) exacerbate these challenges.¹

The Department's new approach presents an opportunity to address these challenges and ensure that programs remain relevant and aligned with the current and emerging needs of the sector and the communities we support. Our responses to the Discussion Paper questions will reveal the range of areas that must be addressed to ensure the new approach's success.

¹ Emerging Minds. (n.d.) [Supporting children in families with complex needs: nine tips for practitioners who feel out of their depth](#); ACOSS. (2023). [Community services face staffing crisis due to chronic funding shortages](#); WACOSS. (2024). [Communities sector at breaking point as underfunding cripples capacity](#); RTO Learning Materials. (2025). [A look at occupations in Demand in Australia: Healthcare and Community Services](#)

RECOMMENDATIONS

The Department's new approach offers an opportunity to build a robust, responsive service system that strengthens families, enhances communities, and delivers meaningful outcomes. We strongly advocate for a collaborative approach in which the Department and service providers work together to design solutions that are culturally secure, locally responsive, and future focused. Anglicare WA provides the following broad recommendations below with details outlined under each question in the next section 'Responses to Discussion Paper Questions'.

Program design and detail

1. Design a program that:
 - Adopts an asset-based approach that builds on family and community strengths and asks "what matters" rather than "what do you need."
 - Aligns with broader Department and other social-service system policies and integrates existing initiatives (e.g., the [Building Early Education Fund \(BEEF\)](#) or [Thriving Kids](#)).
 - Provides transparent funding allocation across the three activity streams and associated program activities.
 - Prioritises service needs analysis and mapping to ensure proposed outcomes reflect cohorts with the highest unmet needs.
2. Include mechanisms and evidence to demonstrate how the Department will partner with organisations to:
 - Achieve the proposed outcomes effectively.
 - Streamline reporting requirements to reduce administrative burden.
 - Ensure flexibility in service design and funding shifts between activities and streams as community needs evolve.
 - Share data to enhance coordination and outcomes while protecting data sovereignty.
 - Ensure relational contracting approaches foster collaboration and trust.

Inclusivity and equity

3. Broaden the definition of family to include diverse family structures as per the Department's [Families and Children Activity Outcomes Framework](#).
4. Include outcomes that address:
 - Adults without children.
 - Young people.
 - Individuals and couples seeking relational support.
 - People seeking FDV support.
5. Use strengths-based language to avoid stigmatising families as 'at risk' and prevent profiling of young, Aboriginal, and Culturally and Linguistically Diverse (CaLD) families.
6. Expand risk considerations beyond child protection to include early intervention needs such as FDV.
7. Embed community as a core part of the new approach to family and child wellbeing.

Service continuity, approach and implementation

8. Safeguard specialised services like FaRS and SFVS to prevent displacement or dilution, ensuring continued support for adults without children, young people, and individuals and couples seeking relational support and/or FDV support.
9. Address gaps for cohorts not explicitly mentioned or defined in the new approach such as:
 - Individuals and couples without children.
 - Victim-survivors and perpetrators of FDV.
 - CaLD communities.
 - Diverse family structures.
 - Young people.
10. Embed references to critical issues such as family violence, mental health, poverty, safety, equitable access, and the role of community, connection, and culture in wellbeing.
11. Avoid compulsory co-location of services to preserve:
 - Client choice.
 - Confidentiality.
 - Cultural safety and accessibility, especially in FDV contexts and regional/remote areas.

Funding model

12. Foster trust, co-design, and flexibility in relational contracting.
13. Allow flexibility to use funding across the life of a grant (rather than annual acquittal and return of unspent funds).
14. Ensure funding adequately covers:
 - Relationship-building costs.
 - Sub-contracting and partnership arrangements.
 - Higher costs of service delivery in regional and remote areas.
 - Administrative requirements for reporting, monitoring, and evaluation.
 - Innovation to meet emerging community needs.
 - Workforce sustainability and annual indexation.
15. Provide funding for roles beyond direct service provision, including:
 - Relationship-building, innovation, and advocacy.
 - Management of sub-contracting and partnerships.
 - Service transition to Aboriginal Community Controlled Organisations (ACCOs).
16. Replace competitive tendering with collaborative funding models that support partnership and relational approaches.

RESPONSES TO DISCUSSION PAPER QUESTIONS

VISION AND OUTCOMES

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

While the new vision is supported in principle, it can be strengthened with the inclusion of safety and acknowledging the critical role of relationships and the wider community.

Inclusion of safety is essential to wellbeing. When children and families are safe, they can thrive, build resilience, and access opportunities that shape strong, connected communities. In addition to being critical to wellbeing, safety is a key priority in all family and child-focused work currently funded by the Department. This is evidenced in its operational guidelines for CaPS, FaRS, and SFVS where safety is embedded in aims and objectives, activities, service provider responsibilities, frameworks, accreditation, outcomes measures, and reporting requirements.²

A vision that includes safety together with skills and confidence aligns with long-embedded principles and ways of working in the sector funded by the Department. Such a vision would ensure the national program can address the lived experience of families facing vulnerability, including family and domestic violence, trauma, and systemic disadvantage. This could lead to positive outcomes such as:

- A reduced risk of harm.
- Improved wellbeing outcomes.
- Reduced demand on intensive family supports.
- Increased trust and engagement with services.

The role of relationships and the wider community in supporting families to build skills and confidence is fundamental. Families do not exist in isolation. They are connected to the communities around them, which provide essential networks of support, cultural connection, social support, and resources that strengthen family capacity and children's wellbeing.

The importance of community is currently evidenced by the Department's operational guideline principles that "encourage providers to work with local community initiatives (for example [Stronger Places, Stronger People](#) or other existing collective impact initiatives)"³, as well as its [Families and Children Activities Outcomes Framework](#).

Other frameworks, such as ARACY's [The Nest](#) and the Indigenous [Social and Emotional Wellbeing \(SEWB\)](#) model show that connection to community and culture are protective factors that enable wellbeing; individual wellbeing is intrinsically linked to community wellbeing.

Including community in the proposed vision bolsters the national program's effectiveness and sustainability.

² Aims and objectives include "[ensuring] the wellbeing and safety of children" in FaRS (p.6) and "[improving] personal and family safety" in SFVS (p.6). Section 4.7 is dedicated to safety and stipulates that "the safety of all children, young people, and their families and carers who visit or work for [the service] is paramount" (p12). In section 4.8, "services must ensure that their activities comply with National Principles for Child Safe Organisations and other action for the safety of children" (p.12). The [SCORE Framework](#) contains an outcome for 'personal and family safety'.

³ Department of Social Services. (2024). [Families and Children Activity: Family and Relationship Services Operational Guidelines](#), p.9.

Embedding community engagement would avoid programs being narrowly focused on family-level interventions and ignoring broader social determinants of well-being. Community engagement would support families to reduce isolation, close cultural gaps, and improve access to appropriate services, leading to better outcomes and long-term impact.

Anglicare WA believes the vision's language could be reframed in strengths-based terms to avoid implying that families lack capability and need fixing and instead recognise their inherent strengths and resilience. A strengths-based approach, like Anglicare WA's [Recovery Framework](#), is essential to affirming that families and communities already possess skills and resources that can be built upon.⁴

Finally, the vision needs to broaden its focus from parenting and child outcomes to include significant client cohorts supported by FaRS and SFVS, such as individuals and couples without children, people navigating separation, and those seeking help for relational wellbeing and FDV. These services are vital for preventing family breakdown, reducing conflict, promoting healthy relationships across the life course, and helping people find safety. A vision that addresses these needs demonstrates the support and holistic intent of FaRS and SFVS.

For the new vision to be truly impactful and inclusive, it should affirm that children and families are supported by strong, safe relationships and connected communities, with equitable access to resources and opportunities that enable wellbeing. It should celebrate family strengths and acknowledge the diversity of family structures and the importance of relational wellbeing alongside child-focused outcomes.

Insights from Anglicare WA staff:

"Generally, yes, although health and resilience may not encompass everything that makes up the baseline of what we hope for children and families in our communities."

"This fails to include community as a partner in family support. Community really show up when we intentionally build it around our families, in ways that the system can't."

2. Are the two main outcomes what we should be working towards for children and families? Why/why not?

The two proposed outcomes are important, but they need to capture better the depth and breadth of support needed by children and families, and to reflect the breadth of support currently provided by services like FaRS and SFVS.

FaRS is not solely a child-focused program. It also plays a critical role in supporting individuals and couples to strengthen and manage their relationships, regardless of whether children are involved. Many clients accessing FaRS services are seeking help for relationship issues that may not directly involve parenting or children, such as communication breakdowns, conflict resolution, separation support, or personal well-being within relationships.

While SFVS works with children and families, the service also supports couples who do not have children and Men's Behaviour Change programs in situations where separation does not include children.

⁴ FrameWorks Institute. (n.d.). [Navigating waters: talking about parenting](#).

Words and emphasis that could be changed and/or clarified to strengthen the intention of the outcomes are:

- Safety. Much like the vision, safety needs to be clearly articulated as a core component of both outcomes to ensure the program supports the wellbeing of families and children.⁵
- Healthy. The term may not align with neuro-affirming work and could be pathology-based.⁶ Children who are 'not healthy', i.e., who experience chronic illness, should also be included in these outcomes. 'Wellbeing' is a more suitable alternative.
- Empowered. It should be replaced with 'can' so the focus is on self-determination from an Aboriginal and Torres Strait Islander lens and where accountability and responsibility are more appropriate than empowerment for those using violence.
- The role and voice of children. Their responsibilities and power within a family, which vary across cultures and communities, need to be understood. A cultural lens, alongside child-inclusive practices like [Voice of the Child](#), should be included.⁷
- A reference to young people as a cohort, as they have developmentally different needs. This is a group that FaRS works with and they are referenced in Stream 2.
- Individuals and couples without children, people navigating separation, and those seeking help for relational wellbeing.

The needs of adult victim-survivors of FDV, acknowledging they may seek support for their own safety and relational wellbeing and/or as parents and carers to support raise healthy, resilient children.

- The needs of men who use violence seeking support for accountability and behaviour change.

The proposed outcomes should be revised and complemented by additional outcomes that include the full scope of FaRS and SFVS to ensure that all clients, not just those with children, are supported.

Insights from Anglicare WA staff:

"There's not an emphasis on healthy relationships and it's all about children. But we need healthy adults as well."

"The focus on adults and relationships is missing from here. Could also emphasise safety more, i.e., children feel safe in the care of the adults in their lives."

"Will dedicated FDV services for victim-survivors continue to be available under this new approach (e.g., through SFVS)? If yes, then there needs to be an outcome or indicator to reflect this work."

⁵ This includes recognising the importance of parents and caregivers providing a safe and nurturing environment, and safeguarding childhood itself rather than a focus on preparing children to become healthy, resilient adults. Children deserve to be children and experience safety, care, and the joy of childhood. This is the foundation to their future wellbeing.

⁶ Diversity Partners. (n.d.). [Neurodiversity-affirming approaches at work](#).

⁷ Queensland Government. (2025). [Cultural differences in child-rearing practices](#). Child Safety Practice Manual; Centre for Community Child Health. (n.d.). [Voice of the Child](#). Murdoch Children's Research Institute.

“Is this language inclusive of Aboriginal, Torres Strait Islander and other cultural conceptions around kinship relationships and responsibilities and the ‘village’/ community around these children and families? I.e. cultural beliefs such as “one cannot be healthy and resilient unless we are all healthy and resilient”. No person/family is or should be an island.”

PROGRAM STRUCTURE

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

While a single national program may provide administrative efficiencies, it may not necessarily offer increased flexibility, and it appears to reduce the scope of services currently provided under FaRS and SFVS.

At present, FaRS and SFVS allow Anglicare WA to deliver targeted support to a diverse range of people, including individuals, couples, and families, with services tailored to their specific relational and safety needs. This includes early intervention, relationship education, counselling, and support for those experiencing or at risk of family violence.

The proposed single national program, with its strong emphasis on child-focused outcomes, risks narrowing the service lens. It may inadvertently deprioritise support for adults without children, couples seeking relationship help, and individuals navigating complex interpersonal challenges. These groups represent a significant portion of people who access Anglicare WA services and benefit from the flexibility currently built into FaRS and SFVS..

Anglicare WA would encourage the proposed single national program to provide true flexibility to enable the required autonomy to design services tailored to diverse cohorts (e.g., children and young people, parents and caregivers, victim-survivors of FDV, and perpetrators) and freedom to allocate funding across streams as needs evolve.

Consolidation into a single national program may streamline the Department's processes, however, genuine flexibility requires a program design that permits place-based approaches, cultural responsiveness, and inclusive services that reflect the complexities of family and relationship support.

Insights from Anglicare WA staff:

“The intention is great but it’s what we’ve already been able to do [in FaRS] anyway.”

“Yes, however WA is a big state. The needs of place-based services being designed to meet the unique challenges of the sprawling Perth metro and the unique regional nuances for programs would be challenging.”

“Yes, provided organisations have the flexibility to design service supports tailored to different cohorts within each stream, and the ability to allocate funding across streams as needed.”

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?

Anglicare WA delivers CaPS, FaRS, and SFVS, but while CaPS fits into Stream 2 (prevention and early intervention), FaRS and SFVS are more nuanced. Anglicare WA practitioners have varied views on relevant streams, often citing support across Stream 2 and Stream 3 (intensive family supports), with some aligning to Stream 1 (national programs and information services).

The proposed three streams do not fully reflect the complex work of FaRS and SFVS or the current and future needs of children, families, and individuals. FaRS practitioners are concerned the streams overlook the relational needs of adults without children, couples, and individuals across WA's diverse communities. SFVS practitioners highlight concerns about the continuity of support for couples without children and MBC interventions. Limited funding has contributed to waitlists for women and children accessing the service, and there is no current funding to deliver MBC despite demand.

Additionally, the mention of child protection in Stream 3 may restrict definitions of 'at-risk', potentially stigmatising families dealing with FDV or trauma and leading to more child protection involvement, especially among young, Aboriginal, and CaLD families.

Anglicare WA supports the focus on 'tailored help' for families in Stream 3, which allows support to be flexible and relational.

To effectively address current and future needs, the three funding streams should:

- Maintain flexibility across streams.
- Cover relational wellbeing for adults and couples.
- Focus on safety and accountability, especially in FDV cases.
- Recognise cultural diversity and include the voices of children, young people, and older cohorts.
- Ensure sufficient resources for high-demand areas like SFVS and MBC programs.

Insights from Anglicare WA staff:

"Programs under FaRS are varied and nuanced so what we actually deliver varies and may not fit neatly under a stream."

"Yes, however there is a gap in the provision of specialised family violence work to couples who do not have children and Men's Behaviour Change programs in situations where separation does not include children. These can currently be accommodated in SFVS and FaRS but may be displaced in the new format."

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

Greater flexibility and targeted investment in areas that address real community needs will strengthen the proposed national program. Specifically, appropriately funding MBC programs in line with nationally recognised standards is critical, as these programs require specialist structures and staffing that are currently unfunded or underfunded.

Introducing a specialised family violence stream would ensure services can respond effectively to complex relational dynamics, including situations where families may not include children.

The language and framing of outcomes should also shift from “empowering” caregivers to supporting them in their caregiving role despite complex challenges, acknowledging that many are already doing their best under difficult circumstances.

Additionally, the proposed emphasis on community-centre-based delivery risks reducing accessibility for families in regional and remote areas, where outreach capacity is essential.

Finally, reforms should go beyond simplifying funding applications and reporting processes. They must tackle systemic barriers and enable family-designed, locally responsive interventions, rather than incentivising agencies to focus only on the easiest-to-deliver programs.

PRIORITISING INVESTMENT

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

While the four Department priorities align broadly with improving outcomes for children and families, they do not fully cover services like FaRS or address gaps in family and relationship support. The priorities mainly focus on children, which risks neglecting relational needs across the life course, including support for individuals and couples without children.

Investment should include relationship counselling, separation support, and interpersonal wellbeing, which are key to family resilience but not explicitly mentioned. Funding for MBC programs and recognition of family violence interventions are vital for accountability and safety for all family members.

The language for Priority 1 should shift from a deficit approach of aiming to “break cycles of disadvantage and reduce the need for later interventions - like child protection” to an asset-based approach that promotes early, preventative investment to improve family wellbeing, relationships, and resilience.

While integration and co-location can enhance access, these models must be flexible and culturally safe, especially in small or remote communities to avoiding risks. To better support families, more relational generalist services are preferable over many services in one location.

Priorities should also focus on community-led design and responsiveness to “what matters, ” rather than relying on lagging administrative data, and incentivise partnerships with ACCOs to strengthen outcomes for First Nations families.

These adjustments will ensure that the Department's priorities address relational needs and systemic drivers of family vulnerability, fostering a holistic, flexible, and culturally responsive approach that benefits children, families, and communities across Australia.

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

Other priorities the Department could include are:

- Relationship support for individuals and couples who are not parents, recognising that relational wellbeing is a critical protective factor for mental health, family stability, and community cohesion. Embedding relational wellbeing as a core, measurable outcome would better reflect the scope of services delivered and acknowledge the foundational role of healthy relationships in improving outcomes for families.
- Investment in workforce sustainability and sector capability, which is essential. This includes training, retention strategies, and support for practitioners in high-demand or remote settings.
- Prioritising community development and innovation by creating a fund for piloting new programs that allow organisations to respond flexibly to evolving local needs without fear of sanctions if initiatives are unsuccessful.
- Support for parenting through family and domestic violence and supporting individuals who use violence.
- Addressing the needs of families with neurodiverse children.
- Alignment of this reform with other Department-funded programs to avoid confusion and dilution of intent, ensuring consistency and clarity for service providers and communities.

These additional priorities will strengthen the Department and sector's capacity to respond to community needs and address systemic drivers of vulnerability, ensuring reforms deliver lasting, positive impact.

IMPROVING FAMILY WELLBEING

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?

The proposed focus areas, such as supporting families at risk of child protection involvement and young parents, are important and deserve support, but limiting the program to these demographics risks creating a narrow and potentially exclusionary approach.

Families are diverse and include individuals and couples without children, blended families, kinship carers, and those navigating separation, relationship challenges, or FDV. Over-emphasising child protection involvement may unintentionally stigmatise certain groups and overlook universal needs for relational wellbeing.

A more holistic approach is required, one that includes families with complex needs, culturally diverse and LGBTQIA+ communities, sole parents, and families raising neurodiverse children.

Additionally, services need flexibility and resources to respond effectively, including low caseload generalist programs, brokerage for practical support, and time to build safe, trusting relationships. Without these considerations, the proposed focus areas risk narrowing access and failing to meet the broader relational and well-being needs of families and individuals.

Restricting focus areas risks excluding families who need support and undermines the universal importance of relational wellbeing. A more inclusive, flexible approach will ensure services can meet the diverse needs of communities and deliver better outcomes for all.

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

As articulated in the Department's Families and Children Activity Outcomes Framework, families encompass diverse structures, including chosen families in LGBTIQIA+ communities, grandparent-led households, blended families, kinship carers, and friendship-based networks, which need recognition and resources. The proposed program should provide continued support for such diversity.

Services should be inclusive, flexible, and person-centred, providing relational support for individuals and couples, not just families with children. Approaches should prioritise community-led, trauma-informed, and identity-affirming models, with outreach tailored to cultural, emotional, and geographical needs.

Priorities include tailored supports for CaLD communities, families with disabilities or neurodiverse members, and those experiencing poverty; integrated service models combining mental health, FDV, parenting, housing, and financial counselling; and place-based initiatives informed by local data and co-design.

Workforce sustainability and regional recruitment challenges must also be addressed.

Prevention and early intervention should apply to all children and young people, not just those aged 0–5, and programs should include MBC interventions and supports for parents navigating FDV. These changes will reflect genuine family dynamics and provide comprehensive, culturally safe, and responsive support.

Recognising diverse families and fostering relationships and cultural safety are vital, ensuring reforms include vulnerable groups and address systemic issues.

Insights from Anglicare WA staff:

"Embedding relational wellbeing as a core outcome."

"A fund for Piloting new programs – more control in the hands of organisations to listen and respond to the evolving needs in communities as they change."

"There could be a strong focus on the strength of 'Culture' in community. Aboriginal Culture is a strength and should be viewed as a protective factor. There could be opportunities to explore Aboriginal ways of working and how non-traditional methods of interaction might complement western service provision. I.e., could Aboriginal parenting strategies actually be adopted for any family."

CONNECTED, CO-LOCATED, AND INTEGRATED SERVICES

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

While co-location can be an effective strategy, particularly in smaller or regional centres where service access is limited, it can also come with risks, and there may be other more practical solutions for connecting and coordinating services for families and individuals.

Genuine co-location requires intention and trust, emerging from relationships between service providers and the community and shaped by community needs.

The logistics of delivering many services in one location requires care, consideration and nuance to ensure a seamless service support experience while addressing privacy and safety risks, especially in FDV contexts or in regional communities where anonymity and discretion is critical to safety. Compulsory co-location could increase safety risks, reduce efficiency, and create redundancy.

In metropolitan areas, where Anglicare WA already has established infrastructure and integrated, place-based service hubs (such as our Joondalup site and [Child and Parent Centres](#)), families can access a range of internal supports—like FaRS, SFVS, financial counselling, child services, and family law services—in one place, with seamless coordination across teams. Leveraging existing infrastructure and focusing on integration, collaboration, and responsiveness can be more effective in delivering coordinated, client-centred support.

Community engagement and outreach are also effective. We actively engage with local communities to understand emerging needs and tailor our service responses. This includes participating in interagency forums, community events, and collaborative planning initiatives.

An outreach model involves taking services directly into the community, rather than expecting clients to come to a centralised or co-located hub. This can occur through home visits, pop-up hubs in schools or libraries, and mobile service delivery like a fitted bus.⁸ This approach is particularly valuable in diverse and geographically spread regions like WA, where access, stigma, or cultural considerations may prevent individuals and families from engaging with traditional service centres.

Other effective ways to connect and coordinate services for families include:

- Warm referrals, where staff actively assist families in connecting to other services—build trust and reduce drop-off rates.
- Digital platforms and secure data-sharing systems, which enable real-time coordination and streamline referrals.
- Cross-sector partnerships and consortium approaches, supported by joint training and cultural brokerage, which ensure services are culturally safe and responsive to diverse needs, including CaLD and Aboriginal families.
- Investing in low-caseload generalist roles and holistic service models, which can reduce reliance on multiple referrals and strengthen family connections to community supports.

Integrated service delivery requires more than physical proximity. It depends on authentic collaboration, shared values, and structural supports that encourage accountability and reciprocity. These strategies beyond co-location ensure families receive coordinated, culturally safe, and accessible support tailored to their needs. Co-location such be optional, not compulsory.

Insights from Anglicare WA staff:

“Co-located is not always desirable but integrated may be.”

“Integrated services do not just occur because they are co-located. They require resourcing and structural ways to ensure this is how it occurs.”

⁸ Street Connect is an example.

Connection and integration requires authentic partnerships, structures which encourage this, mutual reciprocity and accountability, joint values, vision and purpose."

"A properly fitted bus would allow Anglicare WA to go to locations as need arises without having to source venues and has the potential for integrating services if we partner with other orgs."

"The HIPPY model of having engaged families trained to become tutors in the program works well. Perhaps there is potential to build a stronger lived experience and Aboriginal lived experience workforce."

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?

Applications should demonstrate meaningful engagement, collaboration, and a social and cultural license to operate or deliver services within a community. This could include but is not limited to, evidence of:

- Documented community consultation.
- Co-design workshops.
- Feedback loops with families and stakeholders.
- Ethical decision-making criteria.
- Engagement with lived experience.
- How they embed cultural security frameworks, respect kinship systems, and engage CaLD and Aboriginal communities in culturally safe ways. Key elements should include community relationships, reciprocity, recognition of cultural wisdom, accountability, cultural leadership, cultural governance, cultural security, and respect and integrity.⁹
- Formal partnerships with local organisations such as ACCOs, schools, health providers, and grassroots groups.

Strong governance is essential therefore applications should demonstrate practice governance structures, ethical decision-making framework, safeguarding commitments for children and vulnerable adults, and compliance with child-safe standards.

Use of place-based data (e.g., SA2/SA4 demographics, wellbeing mapping) and lived experience frameworks should inform program design and governance. Evidence of impact and outcomes, such as improved wellbeing, access, and satisfaction, should be supported by data and case studies where safe and appropriate.

Finally, applicants should be assessed on their capacity to deliver outreach and regional services, organisational capability, and the resourcing they allocate for genuine community connection, recognising that partnerships and engagement require time and investment.

Assessing these criteria ensures funding supports services that are deeply embedded in their communities, culturally safe, and capable of delivering outcomes that reflect local priorities and lived experience.

⁹ Anglicare WA contributed to action research for the Ethical Decision-Making Project, which was developed by Looking Forward, a Noongar Elder-led research team at Curtin University, including [Associate Professor Michael Wright](#).

RESPONDING TO COMMUNITY NEED

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

Beyond locational disadvantage, the Department should consider a range of demographic, social, and systemic factors to ensure funding reflects real community needs.

These include population growth and age profiles, cultural and linguistic diversity, and the presence of Aboriginal and Torres Strait Islander communities, with funding aligned to cultural safety and kinship structures.

Socioeconomic indicators such as income vulnerability, unemployment, housing stress, homelessness, and cost-of-living pressures are critical markers of need. Service access and infrastructure gaps, such as limited local providers, poor transport, and digital connectivity, must also be factored in, particularly in geographically vast regions like the Kimberley and Pilbara.

Funding decisions should incorporate family and community risk indicators, including child protection notifications, FDV rates, mental health trends, substance use, and hospital admissions for intentional injury among young people.

Importantly, community voice and co-design should guide priorities, alongside evidence of strong local partnerships and capacity for integrated service delivery.

Additional considerations include the cost of outreach, accreditation requirements, workforce recruitment and accommodation in remote areas, and resources for service establishment and evaluation. Funding should not only address immediate need but also enable systemic change that gets to the root cause of community needs.

Finally, a note in relation to locational disadvantage. As a state-wide organisation with a particular focus on regional WA, Anglicare WA would also urge the Department to consider using alternatives to the SA4 boundaries when defining 'areas' for future tendering. Our experience of the use of these very large regions in Western Australia is that the local context and location of services can often become lost across such large areas. Previous examples of Commonwealth recommissioning of services using these SA4 boundaries has resulted in services being located more than 1,000km away from major population centres in need of services, or small programs within the SA4s being expected to cover areas of approximately 300,000km².

Insights from Anglicare WA staff:

"Addressing need is not a way to tackling root-cause."

"Explore other means of consultation with community. What is it that community might truly want or need? Build on the back of strengths in community, not deficits."

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

The best way for organisations to demonstrate in grant applications that their service is genuinely meeting community needs is through evidence-based, locally grounded, and impact-focused approaches.

Applications should include community voice and lived experience, such as stories, quotes, and case studies from service users and local stakeholders, alongside visuals from community events to show genuine alignment and engagement with community needs.

Demonstrating co-design processes, feedback loops, and partnerships with local organisations (including ACCOs, schools, health providers, and grassroots groups) shows a strong community connection. Organisations could also provide data-informed insights by combining local demographic information with qualitative evidence, while acknowledging that lag data and waitlists are not accurate indicators of demand.

Highlighting impact through outcomes reporting, using frameworks such as Results-Based Accountability (RBA), and showcasing previous success in improving wellbeing reinforces credibility. Applications should adopt an asset-based approach, focusing on strengths and the positive impact of services rather than deficits or gaps.

Finally, applicants should outline organisational capacity and flexibility, including innovation funds, the ability to adapt to evolving needs, and collaboration with the Department for two-way data sharing. Removing restrictive word limits is critical to enabling organisations to convey their impact and community connection properly.

Insights from Anglicare WA staff:

"Get voices from other service providers to show [your organisation's] impact."

"Don't speak about the gaps we'll fix. Speak about the impact we'll have."

IMPROVING OUTCOMES FOR ABORIGINAL AND TORRES STRAIT ISLANDER CHILDREN AND FAMILIES

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

It is important to note that we support increasing the number of ACCOs delivering services to children and families in areas with high First Nations populations to improve outcomes for First Nations children, adults, and families.

This should be guided by the self-determination of First Nations communities, not mandated by the Department. Not all Aboriginal people will access services in the same way. Culturally safe mainstream organisations can provide Aboriginal communities with the opportunity of choice. This is particularly important in small communities where people would rather access a mainstream service that is not connected to their family or kin, rather than an ACCO. The anonymity and confidentiality that mainstream organisations can provide are valued and can make small communities feel safe.

Furthermore, the priority should be on ensuring ACCOs are empowered and adequately resourced to deliver the best outcomes for First Nations children and families, rather than simply increasing the number of ACCOs.¹⁰

¹⁰ As per its Stretch RAP and commitment to Reconciliation, Anglicare WA has established successful relationships and partnerships with ACCOs over the years to deliver services to the Aboriginal community and support positive outcomes. We are currently investigating the transition of three appropriate services to ACCOs.

As for the grant process, ACCOs bring cultural knowledge, trust, and community-led solutions, but current grant processes often create barriers to their participation. Anglicare WA recommends that the Department embed cultural security and relational contracting principles to support ACCOs and address these barriers to participation.

The grant process should include questions about cultural security, prioritise restricted tendering for ACCOs where appropriate, and offer capacity-building opportunities for smaller ACCOs through the Department or mentoring and partnerships with experienced non-ACCO service providers like Anglicare WA, ensuring a clear transition plan. Strong partnership agreements would be needed that protect Indigenous cultural and intellectual property.

Additionally, grants must address practical barriers, such as recruitment and accommodation in remote and regional areas, and support relational approaches that foster trust and community-led solutions.

This means providing ACCOs with the flexibility and resources to operate at a culturally safe pace, and families should be trusted to design their own success measures and feel safe to work on what matters to draw out their skills and confidence.

Insights from Anglicare WA staff:

“Give ACCOs the aircover they need to undertake relational approaches. This means authorising and resourcing a culturally safe pace.”

“Strong partnership agreements are needed that reflect protection of culture and Indigenous Cultural Intellectual Property.”

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

Program design must embed cultural security and community-led approaches at every stage to improve outcomes for Aboriginal and Torres Strait Islander children and families. This includes extensive consultation before design, ensuring families have a genuine choice between ACCOs and non-Aboriginal organisations while fostering collaboration toward shared outcomes. Respecting the right to self-determination is tantamount to this process, as is investing in slow, trust-based relationship building.

Measures that can be built into the program design include, but are not limited to:

- Embedding Aboriginal governance in program oversight and decision-making.
- Funding roles for Elders and cultural advisors to guide service delivery.
- Including targets and funding for recruitment, training, and career pathways for Aboriginal staff.
- Supporting traineeships, mentoring, and leadership development for Aboriginal staff.
- Using culturally safe evaluation methods that reflect community priorities.
- Allowing adaptable service models that respect cultural practices.
- Providing resources for cultural activities and connection to Country.

Building these elements into the design of the national program will ensure the Department can create culturally safe, flexible services that improve outcomes for Aboriginal and Torres Strait Islander children and families.

Insights from Anglicare WA staff:

"There are a plethora of Aboriginal leaders, practitioners and incredible communities that are capable of doing amazing things if provided the opportunity. Government needs to be bold and less risk averse where it can be."

"Aboriginal ways of working that support healing. And exploration of non-traditional practice that could complement western service provision, i.e., traditional healing, on country immersion. Activities that support building identity and strength of culture. Less co-design and more 'design'."

MEASURING OUTCOMES

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

Anglicare WA has a strong culture of continuous improvement, supported by robust data collection and a sector-leading Outcomes Measurement Framework that enables us to understand our organisational impact. Sharing of timely, transparent, and practical data from funders that goes beyond compliance would strengthen our culture and understanding of service impact.

For example, receiving an SA2-level report from the Department would be highly beneficial, specifically one that maps our outputs, demographic data, and score outcomes against SA2 and SA4 regions based on service outlet locations and postcodes. A great example of how the data asset could be organised is the [Australian Child & Youth Wellbeing Atlas](#).

Further, connecting to other state and federal outcomes frameworks, such as the [WA Outcomes Measurement Framework](#) and the federal [Measuring What Matters Framework](#), could provide a more holistic understanding of our contribution to impact.

In addition, access to a relational practice knowledge bank and aggregated datasets across relational services would improve our relational practice principles on the ground, inspire more creative problem-solving, inform us of shifts in the system, and provide a reliable picture of community wellbeing. Tools such as the Australian Child & Youth Wellbeing Atlas or [Poverty Stoplight](#) can help measure what matters to families while building live wellbeing datasets.

Understanding impact must also go beyond satisfaction and instead ask, "Did this service help with what matters most to you?" Transparent change logs documenting decisions and their impacts could serve as evidence for data change practice. Adopting a two-way evaluation could combine quantitative indicators with story-based methods (e.g., yarning evaluation), while respecting data sovereignty.

This story-based approach (which could supplement conventional direct feedback) would ensure that the client's voice remains central to continuous improvement. Services are then better positioned to respond and adapt to emerging needs and understand its impact.

Insights from Anglicare WA staff:

"It would be valuable for contract managers to have a clear understanding of the aggregated datasets they review and how SCORE translates into practical outcomes."

"Communities are dynamic and change quickly, particularly in remote areas. Lagging datasets can't give us a true picture of needs, assets and impacts of adverse events.

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?

A combination of quantitative and qualitative data that captures both outcomes and lived experience would be most valuable to us for sharing and demonstrating our positive impact on children and families.

Standardised outcome measures are important, but they should be complemented by case studies, informal feedback, and direct quotes from children to incorporate their voices. This approach provides a richer, more authentic picture of impact.

Additionally, program design should allow flexibility alongside standardisation, with measures jointly developed by the Department and service providers. Crucially, data sharing must be supported by Contract Managers' ability to interpret complex service delivery contexts, ensuring that quantitative data are understood within the realities of family and community life.

Insights from Anglicare WA staff:

"It's not only about what data can be shared, but also about the capability and capacity of contract managers to interpret the complexity and nuance of service delivery. Quantitative data tells only part of the story. It must be complemented by qualitative insights and a genuine understanding of the context in which services operate."

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

The most relevant SCORE Circumstances domains for our services focus on family functioning, mental health and wellbeing, personal and family safety, and community participation and networks. These domains reflect the core outcomes across CaPS, FaRS, and SFVS.

In addition, client satisfaction measures, particularly those related to empowerment, choice, and control, are essential for understanding how well services align with client needs and support positive decision-making.

To keep reporting manageable and meaningful, we encourage measuring against three key domains while ensuring that qualitative insights complement quantitative data.

Service	SCORE Circumstances Domain
CaPS	<ul style="list-style-type: none">• Family functioning• Community participation and networks• Mental health, wellbeing and self-care
FaRS and SFVS	<ul style="list-style-type: none">• Family functioning• Mental health, wellbeing and self-care• Personal and family safety

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

We currently submit case studies outlining the situation (presenting issues), support provided, and outcomes. The flexibility to include diverse and multi-method sharing, such as photos and artwork, could be an alternative way to capture qualitative insights that demonstrate the impact of our service. We are open to other suggestions from the Department that capture both measurable results and lived experiences.

WORKING TOGETHER

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

A relational contracting approach means moving beyond transactional, compliance-driven funding arrangements toward a collaborative, trust-based partnership between the Department and service providers. In practice, this involves shared outcomes and co-design of service models, including input from people with lived experience to ensure relevance and accountability.

Contracts should allow for the adaptation of services as community needs evolve, particularly in diverse and remote regions, and include provisions for innovation, such as a dedicated percentage of funding for testing new approaches. Accountability should focus on outcomes and continuous improvement rather than punitive compliance and should incorporate qualitative insights alongside quantitative data.

Relational contracts should also prioritise long-term stability to support workforce sustainability and community trust, enable shared risk and reward, and foster open communication and transparency. Strong relationships between contract managers and service leaders, time for trust-building, and locally placed contract management teams with community knowledge are essential. Finally, evaluation should include two-way feedback and assessment of the partnership itself, ensuring mutual learning and responsiveness.

Relational contracting is essential for achieving meaningful outcomes in complex areas like family and relationship support, where flexibility, shared responsibility, and long-term stability are critical.

Insights from Anglicare WA staff:

"Contract management delivered by people who are placed in the community so they have knowledge of reputation/community need/can use observation."

"State-based contracts teams in WA is important. The loss of those teams from WA has had an impact on contract management."

"It's about recognising that meaningful outcomes, especially in complex areas like family and relationship support, are best achieved through shared responsibility, flexibility, and mutual respect."

"Contracts should allow adjustments as circumstances evolve, rather than being locked into fixed terms and outputs as per Activity work plans and Reports."

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

The best way for the Department to decide which organisations should be offered a relational contract is through a collaborative, co-developed process rather than unilateral decision-making by the Department. This approach should reflect the principles of relational practice itself: collaboration, trust, and mutual accountability rather than transactional behaviour.

Selection should be based on demonstrated commitment to community outcomes, experience in relational practice, and readiness for partnership. Practical steps could include interviews instead of written applications, two-way assessments of capability, and ensuring contract managers understand relational contracting expectations.

Importantly, the Department should also invest in building its own capacity for relational contract management, as falling short could undermine trust and the effectiveness of the partnership.

Insights from Anglicare WA staff:

"The department shouldn't decide. This would be transactional behaviour."

"Not-for-profit organisations typically operate within a relational practice framework and value partnerships, it's the norm. This approach may be unfamiliar territory for DSS contract managers, so it would be beneficial for them to develop an understanding of relational contract management and assess whether they can meet these expectations. Falling short could significantly damage the relationship and undermine the partnership."

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

Yes, Anglicare WA is interested in a relational contracting approach because it aligns with our commitment to relational practice and client-centred service delivery.¹¹

This model enables flexibility, trust-based accountability, and strong partnerships which is key to achieving meaningful outcomes for families, children, and communities. It supports relational work by fostering collaboration and trust, allowing services to prioritise deep, impactful engagement over transactional compliance.

Relational contracting would empower managers and frontline staff by providing them with the confidence and authorisation from contract managers to pursue creative, client-centred solutions, even when progress is slow or non-traditional.

Ultimately, this approach strengthens partnerships, supports innovation, and ensures families receive the tailored, relationship-based support they need to move from crisis toward long-term wellbeing.

Our interest depends on how the model is rolled out, as its success requires genuine commitment to trust-building and shared accountability from both the Department and providers.

¹¹ [Sunshine](#) and the [Derby Good Life Project](#) are examples of Anglicare WA's innovative relational practice that responds to community needs and community solutions.

OTHER

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

The Department should understand that counting referrals is not an indicator of effective support. It simply reflects additional mental load on families who are already overwhelmed. What the sector is asking for is assurance that actual services are available when families are referred, without long waitlists. The ideal approach is to strengthen generalist services so families can access holistic support without being constantly redirected elsewhere.