



A NEW APPROACH TO PROGRAMS FOR FAMILIES AND CHILDREN – CONSULTATION

SUBMISSION TO THE DEPARTMENT OF SOCIAL SERVICES

5 DECEMBER 2025

INTRODUCTION

BaptistCare welcomes the opportunity to provide input into the conversation regarding the proposed reforms to supports and services for families, children and young people.

BaptistCare is a not-for-profit faith-based care organisation. In March 2025, BaptistCare (NSW, ACT, WA), Baptcare (VIC, TAS, SA) and Baptist Care South Australia united to form a single national provider of integrated care and services. This merger brings together our shared history and mission to serve communities with care and compassion. Together, we support over 67,000 customers across NSW, the ACT, Victoria, Tasmania, South Australia, and Western Australia. We employ over 12,000 dedicated employees, assisted by 1,900 volunteers. We provide a wide range of services including residential aged care, home care, retirement living, community services, and housing.

BaptistCare currently delivers over \$6.6 million of Family and Relationship Services and Family Wellbeing Services including \$6.4m as the principal grant holder, with the remainder as a sub-contractor. We deliver both prevention/early intervention services and intensive family supports. The majority of our Commonwealth-funded services are delivered in NSW and South Australia, with smaller programs in Tasmania and Victoria.

OVERVIEW

BaptistCare welcomes the Government's proposal to streamline the Commonwealth's program of support for children and families and reducing the administrative burden for providers so that we can spend more time with clients.

Our submission works to contribute to the policy development process by:

- Identifying aspects of the proposed reform that may unintentionally reduce service accessibility and availability;
- Providing insights into key operational considerations; and
- Offer insights from our experience in relational contracting.

We look forward to working with the Department during the development of the detailed policies underpinning the program successfully achieve better outcomes for our communities.

VISION AND OUTCOMES

As worded, the proposed Vision and Outcomes would provide a reasonable foundation for the program. However, we have some concerns about the potential impact on service access.

POTENTIAL RISK TO SERVICE ELIGIBILITY FOR CURRENT CLIENTS

We are concerned that the language of the vision and outcomes suggests a much stronger focus on children that may narrow eligibility for some groups of existing clients. We note the choice not to use the concepts of 'young people' or 'youth' may have the effect of excluding services to that particular cohort in our community.

The services currently offered through the existing programs are not limited to children and the people who are raising them. Current clients across these programs include older youth, young people ageing out of care, young adults, single adults, and couples without children. In fact, only 6% of our clients within DSS funded Family and Relationship Services (FARS) and Specialised Family Violence Services (SFVS) in NSW are under the age of 18. Clients of specialised family and domestic violence services are not limited to children, or to the parents of children.

While a focus on prevention is welcome and well evidenced for its overarching impact on capability, traumatic experiences that occur in adulthood still require the kinds of mental health interventions and support currently on offer. We expect the government to retain eligibility for adults in need as provided under the current services.

ENSURING ALIGNMENT WITH OTHER PROGRAMS

At a wider systems level, we note the services under this program are closely aligned with or intersect with other government-led strategies or programs. While we are not in a position to advise how government departments should best coordinate their diverse activities, we raise this point to ensure thoughtful reflection and active consideration of the best way to leverage the different programs with different budgets for greatest overall impact.

Some of the most relevant strategies and programs consider are:

- The DSS [Early Years Strategy](#).
- The [National Agreement on Closing the Gap](#) for national, state and territory, and local governments.
- The [National Plan to End Gender Based Violence 2022-2032](#) including the associated [First Action Plan](#) and [Aboriginal and Torres Strait Islander Action Plan](#).
- The [Targeting Entrenched Disadvantage](#) package overseen by DSS and Treasury including the:
 - [Stronger Places, Stronger People](#) initiative overseen by DSS in partnership with state and territory governments and 10 local communities.
 - [Investment Dialogue for Australia's Children \(IDAC\)](#) between the Commonwealth Government and leading philanthropics.

- [Life Course Data Initiative](#) partnership between ABS, the ACT and SA governments and the University of Adelaide.
- Independent national not-for-profit [Partnerships for Local Action and Community Empowerment \(PLACE\)](#)
- [Commonwealth Outcomes Fund](#) Focus Area 1: Supporting families and children operated by DSS over a 10-year period from FY24.
- The [Foundational Supports](#) program, including the proposed [Thriving Kids](#) program, currently under development by the Department of Health, Disability and Ageing.
- The [Measuring What Matters](#) wellbeing framework overseen by ABS in Treasury.
- The [Community Sector Grants Engagement Framework](#).
- The [Not-for-profit Sector Development Blueprint](#).

PROGRAM STRUCTURE

The single program structure is a welcome development that has the potential to provide more flexibility and less administration for service providers.

Notwithstanding our concern regarding eligibility noted above, the three service streams are broad enough to capture the services we currently deliver.

PRIORITISING INVESTMENT

The four investment priorities are reasonable, but we note some nuance that may be required to function well, as well as areas not listed that still require investment.

LIMITS ON CO-LOCATING SOME SERVICES

While we appreciate the value of co-located services in many instances, this is not advisable for certain service types or cohorts. In particular, it is not always desirable to co-locate family and domestic violence services for both the victim-survivors and the perpetrators (acknowledging this does occur in some services where women are using violence in their relationships, often after having been victim/survivors themselves). This kind of limitation must be taken into account when assessing applications.

ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITY-CONTROLLED ORGANISATIONS

BaptistCare strongly supports an increase in investment in ACCOs in order to increase the ability of Aboriginal and Torres Strait Islander children and families to access services via an ACCO. We recognise there are many ACCOs with incredible strengths and support efforts to increase the number, service capacity and maturity of these organisations. We note the need for such clients to retain the autonomy of choice to access services through their preferred provider.

NEED FOR ADEQUATE FUNDING OVER THE COURSE OF THE CONTRACT

We value a clear expectation that contracts will operate for a minimum of five years. Every contract tender process absorbs enormous costs for current and potential service providers, and for the government departments that must assess them. Being able to plan when we will need to set aside staff time and resources to engage in procurement processes is helpful.

However, there are greater risks that static funding amounts can reduce in value over the contract period if not baked into the contract agreement. In particular, contracts should embed reasonable indexation to ensure service capacity does not reduce over the contract period.

In addition, in the near future we are anticipating a major uplift in wages for staff due to the SCHADS gender under-evaluation awards review by the Fair Work Commission. This includes both hourly rates as well as additional costs such as accrued leave (LSL etc). Contracts that stretch across that period must anticipate an uplift in staffing costs arising from that case.

INVESTING IN INNOVATION

The investment priorities listed do not include resourcing for innovation that can generate efficiencies while improving outcomes for clients. BaptistCare is a large organisation that has decided to invest in a dedicated team to lead research and innovation. But this is a limited investment by one service provider rather than a period of investment by government to uplift the system. We encourage the Department to consider ways to support providers to secure funding for this stream of work in ways that enables wide distribution of findings for greater systems impact.

IMPROVING FAMILY WELLBEING

The proposed focus areas for improving family wellbeing are: families at risk of child protection involvement; prevention and early intervention for children aged 0-5 years; young parents aged under 25. We appreciate these are key populations where intervention could achieve long-lasting impacts.

However, we reiterate our concern about program eligibility for the young people and adults who are accessing services through the current program.

When it comes to other groups in the community and different approaches the department should consider, we note that even within these narrow focus areas, these groups are not homogenous due to the diversity of Australia's social fabric. Within the context of service delivery, we embed certain techniques to ensure our service delivery is shaped in a way that is sensitive to the cultural norms of the communities we serve.

Importantly, peer support workers with lived experience ensure greater access to services. This was evidenced in our research into the barriers and facilitators young people face in accessing mental health services.¹ Lived-experience workers can offer young people greater levels of validation, acceptance, positive representation and support. Peer support workers are particularly valuable for those roles at the point of service access/entry and navigation of the systems of support available.

Community consultation / advisory groups with appropriate representation is another structure that supports iterative program co-design by enabling regular input from representatives of the service user and wider community groups.

CONNECTED, CO-LOCATED AND INTEGRATED SERVICES

We value the importance of partnerships and alliances to ensure coordinated and connected services for families. Our organisation regularly seeks out opportunities to operate in partnership with other organisations. We see a real potential for consortiums to deliver more effective outcomes while reducing some of the more unhelpful dynamics that

¹ Savaglio, M. et al (2023) ["I literally had no support": barriers and facilitators to supporting the psychosocial wellbeing of young people with mental illness in Tasmania, Australia](#). Child and Adolescent Psychiatry and Mental Health Vol. 17(67).

can arise from a competitive operating environment. A detailed description of our work with the Toward Home Alliance is provided in the section below on relational contracting.

Our services are welcoming and inclusive spaces for all. We find that our community service sites become a meeting place for groups within our local communities. We don't just 'provide services' at these locations; we are part of the local community itself due to our presence over a long period. With the right investment and staff culture, social services can foster relationships between individuals, between families, and between communities.

Notwithstanding these valuable outcomes, as noted above co-location is not desirable for certain service types or groups of people. People seeking support for difficult experiences, such as family and domestic violence, may require a service to be offered in a location that is not easily identified by perpetrators. Service accessibility can also be undermined if only available at one particular address. There may be times when services are better delivered at a site of their choosing, such as in their own home, or at a local church or other space with which they are already familiar. Accessing virtual services will become more and more important as society relies more heavily on digital systems, with a likely uplift in preference of children and young people for remote service inquiry and delivery over the coming decade.

As a specific case study, our Rhythm to Resilience program uses the power of drumming to help young people build healthy relationships. The award-winning program combines music, psychology, and neurobiology to help young people build resilience and strengthen connections to self and others. The program operates in the Salisbury catchment with a focus on Aboriginal children aged 5-12 years. This program is primarily run in schools with a group of students. It is also offered to families with the aim of increasing parenting capacity, and this is offered in alternative locations depending on the parent needs.

RESPONDING TO COMMUNITY NEED

The capacity to have flexible funding is welcomed and critically should align to the demonstrated needs or changing needs of communities.

Identifying those needs benefits from a combination of data-driven analysis, community engagement, asset mapping, and equity considerations. This includes:

- Undertaking comparative analysis of DSS indicators with local service data and client outcomes to pinpoint gaps.
- Conducting surveys, focus groups, and town halls to capture lived experiences and cultural nuances.
- Employing lived experienced workers/peer workers in the model of care to support consumer-led design of services and understanding of needs.
- Identifying existing resources and partnerships to avoid duplication and leverage strengths within communities to ensure services are delivered in right place and right time.
- Prioritising vulnerable cohorts (e.g., Aboriginal and Torres Strait Islander families, CALD communities, kinship carers) to ensure culturally responsive services.

IMPROVING OUTCOMES FOR ABORIGINAL AND TORRES STRAIT ISLANDER CHILDREN AND FAMILIES

As noted above, BaptistCare strongly supports an increase in the number of ACCOs and the transition of service delivery across to those organisations. We have great respect for the ACCOs that are well established as service providers in this space. But to increase the overall number, there needs to be a clear investment in capacity building to enable a full transfer of services out of the mainstream and into ACCOs. We are delivering some services in partnership with ACCOs and offer our observation that close collaboration through shared service delivery and joint contracting can be a valuable capacity building opportunity for less established ACCOs that are working towards becoming the sole or principal service provider for Aboriginal and Torres Strait Islander children and families. We encourage the department to validate this observation with Aboriginal organisations and consider this element when assessing applications by consortia.

We recognise this goal reflects a commitment to implementation of key elements of the National Agreement on Closing the Gap including Priority Reform 2: Building the Community Controlled Sector and multiples targets including 2) Children are borne healthy and strong, 4) Children thrive in the early years, 12) Children are not overrepresented in the child protection system and 13) Families and households are safe. Given the poor outcomes reported against these targets in the July 2025 dashboard update, the current approach is not achieving the intended goals.

MEASURING OUTCOMES

As a service provider, we use a range of quantitative and qualitative data collection tools to measure client outcomes. Not surprisingly, we prioritise data collection that meet the reporting requirements set by DSS or other program funders. These can be quite prescriptive but are often established tools recognised in relevant professions. Overall, the DSS measuring tools are considered reasonable by the service practitioners.

While there is a plethora of tools available, we would value the department circling back to the Measuring What Matters framework to embed data collection that contributes to a deeper understanding of Australia's population health and wellbeing.

Case management work can be particularly difficult to capture impact, as outcomes are highly variable depending on the individual accessing the services. Staff can spend a lot of time helping a client deal with complex service systems or tackling systemic barriers. Someone may be experiencing discrimination based on their name and appearance or has fallen off a state housing waitlist due to a medical event or needs to get their identity documentation updated or needs to update the information underpinning their government support payments. It would not be valuable to report on each of these activities for each client and yet a single outcome measurement is not clear.

Currently, we collect information on circumstances, goal and client satisfaction in line with our contractual obligations. We also use the Personal Wellbeing Indicator (PWI). We use the Human Services Framework domains for outcome reporting. In this system, case workers can drop in information under the relevant domain and can use this system to elevate the client voice. We have also implemented the Outcomes Tree in our Family, Youth and Children's services to ensure our work is focused on client-centred goals. Directed by our researcher-in-residence, we are building an evidence based of impact and outcomes.

In relation to case studies, we already capture and report case studies as part of AWP. However, we do not expect those case studies to be made publicly available. The potential use of such material in Ministerial speeches raises new ethical considerations. Seeking informed consent for publication of a person's story presents challenges. De-identification has its limits, with people often able to recognise their own story. We also note it can be easy for staff, family and friends of a person to recognise their story, particularly if they come from a tight-knit community. We also note that risk is not linear for many of the people we support. A safety issue may resolve for a period but re-emerge at a later time.

Any data captured about children and young people will remain available to them at any point in their life. We encourage the department to consider how a person might experience the reflection of themselves in government records.

We note that cybersecurity breaches remain a major concern for social service providers and any data collection requirements should ensure that the data set can be as devoid of unnecessary information as possible.

RELATIONAL CONTRACTING

We welcome the move to pilot relational contracting in the delivery of services to support children and families. We recommend the work of Professors Bruce Bonyhady and Mark Considine and colleagues at the University of Melbourne on this approach, having participated in the discussions underpinning some of their findings particularly in relation to the proposed shift to relational contracting in NDIA.

THE TOWARD HOME ALLIANCE

BaptistCare's core organisational experience in relational contracting is as a member of the Toward Home Alliance. This is a consortium of partners working together to prevent and end homelessness in South Australia. The Toward Home Alliance is one of four regional homelessness alliances, alongside one state-wide domestic and family violence alliance, which commenced operations on 1 July 2021.

The Toward Home Alliance currently consists of the following eight NGOs plus the SA Department of Human Services as an equal partner:

- Aboriginal Family Support Services
- Baptist Care SA
- Hutt St Centre
- Lutheran Care
- Mission Australia
- Sonder
- The Salvation Army
- St Vincent de Paul Society SA

The alliance membership has changed over the four years since operations began, with three additional partners introduced into the alliance during this time to address identified gaps in service delivery.

Approximately 120 staff employed across eight NGOs work across 17 sites throughout the Adelaide CBD, inner and outer south and Adelaide Hills region to deliver a set of specialised homelessness services.

A range of documents guide the operations of the collective including the Alliance Charter (including the Alliance Principles, Alliance Purpose and Alliance Outcomes), the Alliance Management Framework and the Responsibilities Matrix. The alliance delivers a set of approved service types: accommodation, immediate safety responses, assertive outreach, material assistance, advice and information, client advocacy, living skills development, and health, wellbeing and capacity building supports. Each of the participating organisations are approved to deliver a set of service types.

The alliance has a set of priority target cohorts being children, youth, people identifying as Aboriginal or Torres Strait Islander, people identifying as culturally and/or linguistically diverse, and other specialised cohorts.

The Alliance Leadership Team establishes and implements the strategic leadership and direction of the alliance and implement transparent governance and accountability structures. They remain accountable to the government housing authority for the overall performance of the alliance. This team is comprised of 1 representative from each of the participating services and – importantly – up to 3 representatives from the government department that is the funding authority.

An Alliance Management Team, comprising representatives from each of the participating service providers (but not the government department), assists an Alliance Senior Manager to give effect to the decisions of the Alliance Leadership Team.

The Alliance's single, flexible contract allows for funding to be reallocated when it is in the community's best interest and is endorsed by Alliance Management Team and the Alliance Leadership Team.

The flexibility for alliances to move operational resources within a single contract and across multiple organisations has allowed the alliance to respond to emerging challenges and community needs in an agile way. The alliance's willingness to reallocate existing funding to accommodate the addition of three new partners in four years is a testament to our determination to work as a genuine alliance, with community impact at the forefront.

The Toward Home Alliance recently collated a set of learnings and reflection in a submission to the South Australian DHS Homelessness Systems Review from November 2025. We strongly recommend that document for its detailed description of the operations of a group involved in relational contracting.

OPERATIONALISING THE TRANSITION

While this consultation is about a proposed reform, indications are that the reform will proceed at pace in early 2026. We encourage the department to consider the best ways to support the transition of services as the tender process resolves. We note in particular our clients are often in an incredibly difficult period of life and the disruption of these services, particularly intensive family support services, can have detrimental impacts.