

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

Organisation

**Organisation name**

Barnardos Australia - Communities for Children Shellharbour Program

**Is your organisation....?**

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

**What type of service or support do you mostly provide?**

- Prevention or early intervention services

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

- New South Wales

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

Regional area

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

Yes, the vision broadly reflects what we want for children and families because it clearly prioritises safety, wellbeing and long-term outcomes. It aligns with the shared goal of seeing children grow up healthy, supported and connected to family, culture and community. The strength of the vision is that it is high-level and universal, allowing communities to see themselves within it.

However, community feedback strongly suggests that the vision will only be meaningful if it is implemented in a way that reflects local context. Children do not grow in isolation from families, communities, culture and systems, and this must be reflected in how the vision is applied. A single national vision must therefore allow for local adaptation, community leadership and Aboriginal community-controlled approaches that recognise the diversity of families, geographic settings and lived experience.

The Shellharbour CfC FP experience shows that outcomes for children improve when place-based partnerships are trusted, long-term and community-led.

Without flexibility, there is a risk the vision becomes symbolic rather than embedded in practice. To be effective, the vision must be supported by investment in whole-of-community wellbeing, not only targeted service delivery.

In summary, the vision is right in intent, but its success will depend on whether it genuinely enables community-led responses, recognises cultural safety, and allows services to respond to evolving local needs rather than applying a rigid national framework.

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

Yes, both outcomes are highly appropriate and align strongly with the core goals of supporting children and families. They recognise the interdependent relationship between caregiver wellbeing and positive child development. When parents and caregivers feel empowered, they are better equipped to nurture healthy, resilient children, and children who grow up with consistent support are more likely to thrive into healthy, resilient adults.

However, for parents or caregivers who have experienced trauma or adverse circumstances that have affected their capacity for attachment and relationships, empowerment cannot be assumed. It first requires access to the right services and supports. Healing from past experiences and building understanding are essential steps in breaking intergenerational cycles and creating lasting positive change.

While Outcomes 1 and 2 are foundational, our experience indicates a critical third outcome is missing: Communities are empowered to provide environments where children and families can thrive. Children and families do not succeed in isolation from their community. Community connection, cultural identity, social cohesion, and safe public environments are powerful protective factors. Without recognising communities as active contributors to child development, these outcomes risk being interpreted too narrowly as service-level responsibilities, rather than shared community responsibilities.

This perspective aligns strongly with the ARACY NEST model, which takes a holistic approach to child wellbeing across six interconnected domains and recognises that children's development is shaped not only by family and services, but also by the communities and environments in which they live. The NEST framework highlights that safe, supportive and connected communities are as critical to

wellbeing as education, health and family relationships, reinforcing the importance of including a community-level outcome within this framework.

In Shellharbour, initiatives such as community festivals, supported playgroups in public spaces, and place-based family events create soft-entry points for support, reduce stigma, and strengthen relationships between families and services. These approaches build parenting confidence, promote the Rights of the Child, and strengthen community capacity to support families before crises emerge.

A community-level outcome would also enable meaningful investment in prevention, social inclusion, and early intervention through community empowerment, rather than relying solely on individualised services. In summary, while Outcomes 1 and 2 are essential, without a community-level outcome the framework does not fully reflect how resilience is built in real life. Adding a third outcome would better reflect the evidence, local experience, and what families themselves say they need to thrive.

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

A single national program has the potential to improve simplicity and consistency, but it will only increase flexibility if it is designed to support local adaptation rather than impose standardisation.

The Shellharbour CfC FP model has evolved over many (18) years through trust, relationships and deep integration within the local service system. This infrastructure cannot be easily replicated or replaced, and there is concern that a nationally uniform program could unintentionally destabilise what is already working well if it does not recognise the value of existing community-led systems.

True flexibility does not come from a single brand or stream, but from commissioning methods that recognise local knowledge, proven outcomes, workforce sustainability and long-term partnerships. Short funding cycles, rigid outputs and overly prescriptive program design reduce flexibility regardless of whether programs are combined under one framework.

A national program could improve flexibility if it:

- Enables locally determined priorities
- Promotes strength-based approaches rather than solely providing intervention or crisis responses.

- Values demonstrated success, not just compliance
- Allows services to respond to emerging needs
- Supports workforce stability through longer funding terms
- Recognises community infrastructure as an asset, not overhead.

Without these conditions, a single national program risks becoming administratively simpler but practically more restrictive.

In summary, a national program may create opportunity, but only if it strengthens local decision-making rather than centralising control.

#### **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?**

It is unclear at this stage whether the proposed funding streams fully reflect the complexity of real family needs. Families do not experience their challenges in isolation; issues such as mental health concerns, family violence, poverty, disability, and parenting stress are often deeply interconnected and influenced by each other. Understanding this intersectionality requires practitioners to draw on a diverse and refined skill set—one that looks beyond the presenting problem to identify the underlying and often less visible factors affecting a family's wellbeing.

There is concern that strict funding categories may unintentionally create service silos, reduce flexibility and limit holistic responses, particularly in regional communities where services must often operate across multiple need areas.

The CfC FP model is built on coordination, relationships and system integration. This infrastructure supports families across boundaries, not within them. Funding streams that do not reflect this reality risk undermining the very service models that work best.

Additionally, the Shellharbour community is experiencing population growth alongside increasing economic stress, housing insecurity and food insecurity. Future needs will require adaptability, prevention investment and community building — not just individualised services.

Funding models should therefore:

- Allow blending across streams
- Support whole-of-family approaches
- Fund community development and coordination
- Recognise complexity, not simplify it away
- Invest in early years and later intervention.

In summary, rigid funding streams may limit effectiveness unless designed to allow integrated responses. Flexibility, relational integration and community leadership must be embedded into funding structures for them to reflect real community needs now and into the future.

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

Yes. Shellharbour CfC FP community stakeholders consistently identified several improvements that would significantly strengthen outcomes.

Firstly, longer-term funding (5–10 years) is essential to enable workforce stability, trust-building and sustainable impact. Short cycles undermine relationships, reduce continuity for families and increase staff turnover.

Secondly, investment must move beyond postcode-based allocation to consider:

- Economic disadvantage
- Population growth
- Early childhood vulnerability
- Community isolation (including statistically small pockets of disadvantage embedded within more affluent areas which can exacerbate disadvantage for people living there)
- Service gaps and access barriers.

Thirdly, funding should explicitly support:

- Community events and connection
- Youth leadership – especially youth - mentoring opportunities
- Cultural strengthening
- Soft-entry services
- Outreach and warm referrals.

Fourthly, integration should prioritise relationships over co-location. Effective coordination is built through trust, shared learning and collaboration, not office space.

Fifthly, tendering processes must:

- Value proven outcomes and community knowledge
- Be transparent and fair
- Recognise regional delivery costs
- Reward successful place-based models.

Finally, stronger recognition of Aboriginal and Torres Strait Islander approaches is needed, including:

- Increasing ACCO leadership where appropriate
- Supporting cultural competence for non-Indigenous organisations
- Enabling multiple entry points to engagement.

In summary, reform should build on what already works, invest in relationships, and empower local communities to determine how best to support their families. Flexibility, trust and long-term partnership must be at the centre of any new system.

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

We generally support the four priorities as they reflect key areas of vulnerability affecting children and families. However, they must be implemented flexibly and locally. A one-size-fits-all approach risks overlooking community complexity, existing strengths and emerging needs.

For Shellharbour, effective investment depends on community-led design, long-term funding and recognition of local infrastructure that already works. The CfC FP model has demonstrated value through relationship-based practice, strong coordination and outcomes for families. Reforms should build on these successes rather than replace or destabilise proven local systems.

There is concern that a narrow application of priorities, particularly where focused heavily on early childhood or individual risk factors, may unintentionally exclude families needing early support who do not meet “priority group” definitions. The greatest impact occurs when services are responsive to whole-of-family and whole-of-community need.

We also caution that prioritising co-location as a default model may disadvantage families in regional or transport-limited areas. Investment must encourage outreach, trusted local delivery and service integration through relationships, not just shared buildings.

In summary, the priorities are appropriate in principle, but they must be delivered through locally driven planning, flexible funding and investment in existing community infrastructure.

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

Yes. Community feedback strongly identifies additional priorities:

- Reducing child poverty through economic levers
- Improving access to affordable, quality Early Childhood Education & Care (ECEC)
- Food security
- Mental health and family violence
- Disability inclusion and neurodivergence
- CALD family support
- Youth engagement and transition to adulthood

Families repeatedly identify income insecurity, housing stress and food access as immediate pressures that undermine parenting capacity and wellbeing. These issues must be addressed structurally, not only through service delivery.

ECEC access and quality are critical for developmental equity. Investment in early years infrastructure, workforce and universal access would produce long-term benefits far beyond the program scope.

Child wellbeing is also compromised when services are siloed. DSS should prioritise system integration funding, including coordination roles and community development, not just direct service outputs.

Finally, community centres require sustained funding. Shellharbour's experience shows they are essential hubs for connection, soft-entry engagement and outreach but remain under-resourced.

#### **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?**

Yes, but they do not fully reflect the breadth of local need.

Families at risk of child protection and young parents are important cohorts; however, our community work shows risk does not exist in isolation. Many families experience overlapping challenges including mental health, disability, DFV, financial stress, social isolation and intergenerational trauma.

There is concern that targeting narrow groups may unintentionally exclude families who need preventative support before crisis thresholds are reached.

Shellharbour also sees growing demand from:

- Neurodiverse children and parents
- Families experiencing DFV
- CALD communities
- Expecting parents
- Carers not engaged with statutory systems

Our current CfC FP model works because it is flexible and responsive, not



restricted to categories. The reforms must allow services to respond to changing community needs and invest in prevention, not just statutory risk.

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

Yes. The reforms could expand to recognise:

- Whole-of-family and intergenerational wellbeing
- Extended families and carers
- Neurodivergent and gender-diverse families
- CALD communities
- DFV-affected adults and children
- Youth (beyond early childhood)

Support should not be limited to nuclear families or crisis thresholds. Families need support early and broadly to prevent escalation into statutory systems.

Approaches should also include:

- Community-wide initiatives
- Soft-entry engagement
- Cultural connection
- Outreach models
- Universal parenting supports

Preventative investment is more effective and economical than crisis response.

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

Relationship-based coordination is more effective than physical co-location.

In Shellharbour, effective strategies include:

- Warm referrals
- Joint outreach
- Shared community events (such as KidsFest), with referral resources and built-in warm referrals

- Informal partnerships
- Communities of practice
- Stability through long-term staff
- School-based initiatives
- Advocacy and youth leadership opportunities
- Outreach in public and community settings (for example, Park & Play facilitated playgroups in local parks) with referral resources and built-in warm referrals

Families are more likely to participate when services reach out to them, rather than requiring them to navigate complex systems. Trust is established through personal connections rather than physical locations. Outreach and community engagement events, especially those with available referral resources and integrated warm referrals, foster these connections and help families engage.

In regional areas, co-locating services may limit access for families who face transportation challenges. Therefore, funding should be directed toward outreach and community engagement events that offer inclusive, non-stigmatizing opportunities for families to connect, learn about available supports, and receive warm referrals to relevant programs.

#### **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?**

Grant applications should align with evidence-based frameworks that recognise children's wellbeing as shaped by families, communities and systems. In particular, assessment criteria should reflect the ARACY NEST model, which emphasises holistic child development across interconnected domains including family, community, education, culture and health. This reinforces that outcomes for children depend not only on services, but also on strong, safe and connected communities.

Grant applications should demonstrate:

Community trust and presence

Collaboration and partnerships

Cultural safety and inclusion

Long-term engagement

Workforce stability

Evaluation outcomes

Local impact stories

Children's voices

Innovation

Integration across services

These expectations also align with the NSW Early Years Strategy 2024–2024, which prioritises prevention, early intervention, place-based approaches, cultural identity and integrated service systems. Funding frameworks should therefore value proposals that strengthen local ecosystems and embed collaboration, rather than short-term or siloed activity.

The Measuring What Matters framework further supports a shift away from compliance-based assessment toward outcomes that reflect lived experience, wellbeing, connection and inclusion. Funding decisions should therefore prioritise real community impact over narrow output measures.

Assessment should recognise:

Proven outcomes

Community leadership

Responsiveness to change

Local knowledge

Sustainability

Success should be measured by real outcomes for children and families, not reporting volume alone. Consultative Committee models such as those used in CfC FP programs improve transparency, accountability and data quality, and support more meaningful and accurate reporting of impact.

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

Feedback from local CfC stakeholders highlighted that funding decisions should take into account a broad range of social, economic, and demographic factors that influence child and family wellbeing, including:

- Poverty and financial hardship
- Food insecurity
- Housing stress and instability
- Access to early childhood education and care (ECEC)
- Population growth and demographic changes
- Cultural and linguistic diversity
- Transport access and connectivity
- Local service gaps

Community isolation

Workforce stability

Stakeholders emphasised that areas of disadvantage can exist within otherwise advantaged Statistical Areas, which may mask pockets of need and result in families experiencing social isolation or limited access to essential services. This highlights that geography alone does not equate to need; funding frameworks must consider multiple indicators of disadvantage, vulnerability, and community context to accurately target resources and support.

Stakeholders also noted the importance of considering interconnected factors, such as how transport access affects the ability of families to attend ECEC or

community programs, or how workforce instability in local services can compound existing social disadvantage. Funding decisions should therefore be informed by a nuanced understanding of both population-level data and local knowledge, including lived experience and community voice, to ensure equitable and effective support for children and families.

To strengthen alignment between funding and local priorities, it is recommended that grant programs work more closely with local government and relevant state departments, such as the Department of Communities and Justice (DCJ) in NSW. This collaboration can provide a clearer understanding of local need, emerging trends, and investment priorities, and help ensure that funding decisions complement existing programs and contribute to integrated, place-based responses for children and families.

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

Organisations should demonstrate that their programs are grounded in local knowledge, shaped by community voice, and responsive to change. This is best evidenced not through statements of intent alone, but through clear examples of listening, adapting, and delivering impact over time.

Grant applications should demonstrate:

- Ongoing community feedback through regular consultation, surveys, yarning sessions or lived experience input
- Co-design evidence showing how children, families and communities have shaped program design and delivery
- Program adaptation in response to community feedback or emerging needs
- Local governance input, such as advisory groups, consultative committees or community leaders contributing to decision-making
- Visible presence within the community, including continuity of staff and place-based engagement
- Partner collaboration across services, schools, health services and community groups

- Evaluation outcomes that include both qualitative and quantitative measures
- Children's participation in age-appropriate and safe ways
- Community impact stories that reflect real lived experience and outcomes

Strong applications show how feedback is not just collected, but used, and how programs continue to evolve based on community priorities.

Ultimately, genuine connection is demonstrated through relationship, relevance and results:

- Relationship — trust, consistency and strong community ties
- Relevance — services that reflect local culture, context and needs
- Results — evidence of sustained impact for children and families

Applications that clearly show these elements provide greater confidence that services are not just delivered in communities, but with and for them.

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

The grant process should actively remove structural barriers that limit Aboriginal Community Controlled Organisations from accessing and sustaining funding, while recognising their central role in delivering culturally safe, community-led services.

This could include:

- Longer-term contracts (5–10 years) to support workforce stability
- Reduced administrative burden and more accessible application processes
- Resourcing for governance, workforce development and infrastructure
- Fair funding that reflects real service costs, including regional delivery.

The process should also support consortia and partnership models where ACCOs lead service design and delivery, particularly in areas with high Aboriginal

population, while allowing non-Indigenous organisations with strong local partnerships to work alongside ACCOs in clearly defined, culturally respectful roles.

Assessment criteria should value:

- Cultural authority and community governance
- Demonstrated relationships with local Aboriginal communities
- Evidence of culturally embedded practice
- Local leadership and decision-making structures.

As a non-ACCO organisation with strong ACCO relationships, we strongly support reforms that elevate Aboriginal leadership and self-determination while enabling collaborative models that strengthen service reach and community trust.

Increased ACCO investment is not only a matter of equity, but of effectiveness. We have seen evidence locally that outcomes improve when Aboriginal people lead solutions for Aboriginal families.

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

Feedback from local ACCO community partners and those delivering programs alongside Aboriginal communities highlighted that Aboriginal people should have a choice of providers. They mentioned that feelings of shame and complex family or community relationships within and between ACCOs could create barriers to accessing support—emphasising the importance of having a variety of providers, both ACCO and non-ACCO, available for people to choose from.

Range of entry points, not only ACCOs. Soft entry via events like community celebrations and multi-week engaging programs that build trust with caregivers and children (e.g. cook, chill, chat).

Strong collaboration and trusted relationships between service providers (ACCOS and Non-ACCOS) demonstrate to participants that they can trust and build capacity for cross-referrals.

Program design must centre Aboriginal self-determination while recognising that

families need choice in how and where they access support. Feedback from local Aboriginal community partners highlights that while ACCOs are essential, Aboriginal families should not be required to access a single provider pathway. Complex family relationships, issues of shame, and community dynamics can make it difficult for some people to engage with one organisation, even when trust exists at a community level. Providing a range of culturally safe options — both ACCO and non-ACCO — allows families to seek help in ways that feel safe and respectful.

Design must also include multiple entry points into support, not only through formal services. Soft-entry approaches such as community celebrations, family events, and multi-week programs (e.g. “cook, chill, chat”) provide culturally appropriate ways to build trust and connection over time. These models create safe spaces for relationship-building and reduce barriers to accessing support.

Stronger outcomes also depend on embedded cultural capability across all funded services. This includes resourcing cultural supervision, local cultural governance, and ongoing workforce development.

Finally, genuine partnership models between ACCOs and non-ACCO services should be supported through funding structures that enable collaboration rather than competition. When culturally safe services are offered through multiple pathways, families are more likely to engage early, stay connected, and receive support that reflects their cultural identity and lived experience.

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

Longitudinal data is essential to understanding long-term outcomes for children, families and communities, particularly in place-based initiatives where change occurs over time rather than within short reporting periods. Consistent with the Measuring What Matters framework, which emphasises tracking wellbeing across the life course rather than relying solely on short-term outputs, longitudinal datasets enable services to understand whether early intervention efforts translate into sustained improvements in health, safety, education, economic security and social participation.

We strongly support the development and use of evaluation tools that capture community-level and system-level outcomes, not just individual service outputs. CfC FP operates at a community development and systems-change level, however current reporting frameworks are heavily focused on service activity rather than



population-level change. This limits the ability to demonstrate impact against domains highlighted in Measuring What Matters such as social cohesion, community safety, economic participation and wellbeing, which are highly relevant to community-based prevention and early intervention work.

Specialised tools and frameworks being developed by organisations such as AIFS and PLACE offer important opportunities to improve the measurement of collective impact in place-based settings. These approaches align with Measuring What Matters by shifting focus from program performance alone toward broader wellbeing outcomes, including community connection, resilience, and prevention of harm. Embedding these kinds of tools into national data strategies would significantly strengthen the evidence base for community-led approaches.

Qualitative data such as case studies, client narratives and practitioner reflection are also essential to understanding lived experience, complexity and practice quality. These forms of evidence are critical for capturing outcomes related to identity, belonging, trust, and safety — all of which align with the cohesive and secure domains of Measuring What Matters but are not easily captured through administrative datasets alone.

Finally, improved access to linked datasets across education, health, housing and community services would greatly enhance understanding of how service investment translates into long-term developmental and wellbeing outcomes. Integrated data systems would enable analysis across multiple wellbeing domains identified in Measuring What Matters, providing a more accurate picture of how early intervention contributes to outcomes such as school engagement, health stability, economic participation and social inclusion.

## **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?**

We see the greatest value in sharing:

- Longitudinal outcomes data
- Case studies and family journeys
- Community-level indicators
- Participation and engagement data
- Evaluation findings
- Partnership and coordination measures
- Children's and family voices

These data sources more accurately reflect the outcomes of place-based approaches and demonstrate impact beyond immediate service delivery.

Narratives and case studies are particularly important as they humanise data and illustrate change over time, especially for families experiencing multiple barriers.

Community-wide evaluation data should also be prioritised to evidence outcomes such as increased participation, reduced isolation and improved local service integration.

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

Among our CfC Community Partners, the following DEX Score & Circumstances domains are the most relevant:

- Community participation and networks
- Family functioning
- Age-appropriate development
- Mental health and wellbeing
- Education and skills training

These domains most accurately reflect the broad and preventative nature of place-based work and highlight progress beyond crisis intervention.

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

When developing case studies with people who have lived experience, it is essential to centre dignity, agency, and safety at every stage. Case studies should be co-created in ways that honour each person's resilience, avoid exploitation, and ensure individuals retain control over how their experiences are represented and used. It is also important to recognise that sharing lived experience is skilled and emotional labour, and participants should receive appropriate financial and non-financial recognition for their contribution.

Support for longitudinal storytelling would also improve our ability to demonstrate sustained and meaningful impact over time, rather than relying solely on one-off case examples.

To support best practice and consistency, we would benefit from:

- Standardised case study templates
- Clear guidance on consent and ethical storytelling
- Training webinars for practitioners
- Tools for tracking impact over time
- Examples of strong case studies
- Integration with DEX reporting

## **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 working in genuine partnership with the Department to achieve shared outcomes for children and families, rather than focusing primarily on compliance and outputs. It is based on trust, transparency and a shared commitment to continuous improvement.

In practice, this includes having DSS staff who understand the local context, have experience in community-based service delivery and are regionally based where possible. Regular relationship-based engagement, such as scheduled quarterly meetings, enables meaningful discussions about community need, service flexibility and emerging issues.

Relational contracting should also prioritise strong local governance structures. The Communities for Children Facilitating Partner (CfC FP) model provides a proven framework for this through consultative committees that bring together diverse local stakeholders to guide planning, prioritisation and investment decisions. These committees strengthen accountability, ensure services remain locally responsive, and generate practical, community-based evidence to inform decision-making.

We recommend that DSS consider broader use of the CfC Facilitating Partner model, and progressively bring more funded programs under this structure. This would reduce fragmentation, support coordinated planning across services and embed place-based decision-making at the centre of reform.

Criteria for a relational contract should include demonstrated local engagement,

governance capability, evidence-informed practice, flexibility to adapt service delivery in response to emerging needs, and an expectation of shared learning rather than punitive contract management.

Ultimately, relational contracting should support trust, innovation and continuous improvement, enabling services to respond dynamically to complex and changing community needs.

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

Relational contracting should prioritise organisations with strong local presence, demonstrated outcomes, and the capability to deliver place-based outcomes rather than short-term outputs.

Organisations should be assessed against the following criteria:

- Demonstrated outcomes – Evidence of positive change for children, families and communities using qualitative and quantitative data.
- Community trust – Established relationships with local families, Aboriginal communities and CALD groups.
- Collaboration – Active leadership in local service networks and shared planning with partner agencies.
- Local knowledge – Deep understanding of Shellharbour's service landscape, demographics and community needs.
- Workforce stability – Stable, skilled workforce with strong supervision and trauma-informed practice.
- Capacity for innovation – Ability to adapt services based on learning, evaluation and community feedback.
- Systems integration – Commitment to shared outcomes, data use and place-based evaluation.

In addition, organisations must demonstrate strong child-safe governance and risk management, including compliance with the National Principles for Child Safe Organisations, rigorous safeguarding policies, active board oversight, and regular staff training and supervision.

This approach recognises that effective place-based work requires time, trust and stability, and ensures relational contracts are awarded to organisations capable of delivering long-term community impact.

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

Yes. A relational approach would support:

- Deeper outcome discussions
- Greater flexibility
- Reduced administrative burden
- Shared learning
- Better responsiveness

DEX alone cannot capture complex community change. Relational contracting would allow outcomes to be understood in context.

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

Greater clarity is needed regarding the funding and long-term role of community centres, which remain critically under-resourced despite growing demand. Community infrastructure is essential to early intervention, outreach and family connection, yet funding is often short-term and insecure.

Co-location also requires careful consideration. While effective in metropolitan and some regional settings, it can unintentionally disadvantage transport-limited families and communities in regional and remote areas if services are centralised away from where families live. Funding models must support outreach and place-based delivery, not just physical co-location.

The Department should also consider broader use of the Communities for Children Facilitating Partner (CfC FP) model as the backbone of the new national program, and bring more funded activities under this governance and coordination framework. The CfC FP model has demonstrated strong outcomes through community-led planning, integrated service systems and long-standing partnerships.

The governance structures embedded in the CfC FP model — particularly local consultative committees — provide a rigorous mechanism for identifying need, prioritising investment and continuously improving service delivery through community leadership. This structure strengthens accountability, ensures local relevance and creates a formal evidence base grounded in lived experience.

Expanding the CfC FP approach would provide a ready-made community governance platform, reduce fragmentation and strengthen local decision-making across the reform agenda.