



A NEW APPROACH TO PROGRAMS FOR FAMILIES AND CHILDREN

SUBMISSION ON DISCUSSION PAPER

DECEMBER 2025



To: Department of Social Services
Submitted via email at families@dss.gov.au

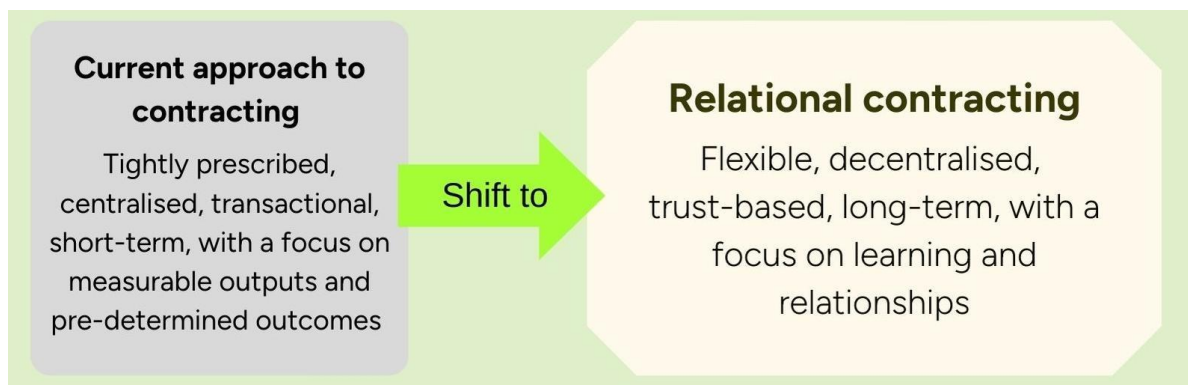
Submission on Discussion Paper: “A new approach to programs for families and children”

Dear Consultation Team,

On behalf of the Centre for Relational Care (CRC), thank you for the opportunity to contribute to this important reform. We strongly support DSS’s shift toward longer-term, relational contracting and outcome-focused approaches in children and family programs. This is a rare chance to redesign a government system that’s been tightly held by bureaucratic processes, and to put relationships at the heart of supporting children and families through government and community funding partnerships.

As a philanthropically supported independent advocacy organisation, we do not deliver direct services and are not seeking funded contracts. Our intent for this submission is to offer our unique positioning as a strategic thought partner and convening hub as DSS progresses this reform initiative. We bring deep expertise in complex systems reform, relational governance, and evidence-based models that enable children and families to experience safety, continuity, belonging, and relational care¹. We align with a network of partners across Australia and internationally who can support the design and implementation of relational contracting reform.

Our collaborative NSW focused report with the Australian Public Policy Institute, [Supporting Children and Families to Flourish](#), provides a clear direction: outcomes improve when systems prioritise relational stability, family connection, and culturally grounded support. This evidence underpins our submission and informs our core proposition for reform:



This shift recognises that:

- Children thrive when their relationships are strengthened, not disrupted.
- Families succeed when services are delivered through trust and respect, with an emphasis on creating capability and agency.
- Workers perform better when empowered to act relationally.
- Contracts can become mechanisms for learning, adaptation, and partnership.

Relational contracting is just one part of a wider system. It only really works if the whole system - including how services are designed, funded, delivered and evaluated - puts relationships at the centre. If organisations don’t build a relational culture at every level, relational contracting can’t achieve what it’s meant to.

¹ For a discussion of the concept of relational care and why it is essential in care systems visit:
www.centreforrelationalcare.org.au/what-is-relational-care

How contracts are written also matters. They need to show a genuine commitment to relational practice, including how they address risk, safety and accountability. Importantly, contract timeframes need to match the time it takes to build meaningful, long-term relationships with children, families and communities.²

In this way, relational contracting evolves from a procurement tool into a broader mode of governing for wellbeing across entire systems. It creates deliberate space at a policy level to recognise and invest in the time required to build and nurture trusted relationships, including the everyday human interactions that formal systems often overlook.

Importantly, we believe this national reform has the potential to become a catalyst for change across entire systems in Australia, including state and territory child protection and out-of-home care structures. By embedding contracting for relationships and learning at the federal level, DSS can help shape future state-based contracting models and enable:

- Shared frameworks and language around relational outcomes, relational capability and relationship-based contracting.
- A pipeline of relational capability (across providers, government agencies, communities) that states/territories can draw upon.
- A path for aligning federal-funded family and children programs with state-funded statutory care systems, helping ensure continuity of relationships for children as they transition across systems eg. if they move interstate.
- Evaluation and learning mechanisms that can be scaled and transferred between federal funders and state systems, promoting consistent relational practice across jurisdictions.

As the discussion paper outlines, the use of short-term, transactional contracts fragment the system, disrupt relationships and local workforce stability, and undermine outcomes. Even well-designed services cannot succeed without trust-based partnerships, adaptive governance, lived experience involvement, and a focus on relational outcomes. CRC's recommendations to address this include:

- Make relational outcomes explicit, to include stability, belonging and connection.
- Use contracts to support time and space for relational practice and reflection.
- Centre lived experience in design, governance, and measurement.
- Equip leaders, contract managers, and providers with relational capability.
- Test, learn, scale and share to grow national consistency in relational practice.
- Decentralise decision-making on contracts, grounded in shared principles.
- Local taskforces – bringing together the right agencies and community voices – to guide decisions on the ground, ensuring support is coordinated, place-based and reflective of local strengths and needs.
- Draw on evidence from the *Supporting Children and Families to Flourish* report to guide structural changes.

² See [Road to Relational](#) – a recent article from CRC advisor Martin Stewart-Weeks

CRC can contribute to this by informing the design and direction of relational contracting frameworks grounded in relationships, learning, and adaptability, and supporting DSS in convening community partners to bring co-design expertise. We can offer thought partnership on contracting for learning that enables real-time testing, iteration, and improvement, and strengthening contracting for relationships to ensure continuity of family, cultural, and community connection. We can also share insights on the relational capability, leadership approaches, and procurement practices needed to make relational contracting successful.

Best regards,

Our response to discussion paper Appendix A questions

Question	CRC Response
<p>Vision & outcomes</p> <ul style="list-style-type: none"> Does the new vision for children and families reflect what we all want? Are the two main outcomes (1. Parents empowered; 2. Children supported) the right ones? Why or why not? 	<p>CRC strongly supports the vision, because <i>relational safety, connection and long term relational supports</i> are foundational to children’s wellbeing and strengthening families.</p> <p>The two outcomes are very helpful, but we recommend adding language (or sub outcomes) around relational stability (especially for children in or at risk of statutory care) e.g., “children are supported to grow into healthy, resilient adults <i>with continuity of relationships and belonging</i>.” This keeps relational connection front and centre rather than treating services purely as “support delivery.”</p>
<p>Program structure</p> <ul style="list-style-type: none"> Will a single national program provide more flexibility for your organisation? Does your service 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? What other structural changes could help your organisation or community overcome current challenges? 	<p>Yes - a single national program offers much greater flexibility, particularly for relational care models that may span prevention, intensive support, and information services.</p> <p>Although CRC itself is not involved in service delivery, we can speak to how system incentives can support relational contracting. CRC advises DSS to prioritise relational contracting within this structure, not just as an optional add-on.</p> <p>Structural change should include:</p> <ul style="list-style-type: none"> ○ <i>Longer-term relational agreements</i> with providers – particularly for community organisations who can support children and families impacted by, or more likely to be impacted by, child protection / OOHC contexts. ○ <i>Flexible funding across streams</i> so relational organisations don’t have to silo themselves into “early intervention” only. ○ <i>Relational governance mechanisms</i> built into provider agreements (joint accountability, learning loops, advisory bodies with lived experience).
<p>Prioritising investment • Do you agree with the four investment priorities listed (early intervention, integration/colocation, community informed services, support for First Nations led orgs)?</p> <ul style="list-style-type: none"> Are there other priorities the department should focus on? 	<p>CRC strongly agrees with all four priorities. In particular:</p> <ul style="list-style-type: none"> ○ <i>Invest early to reduce later child protection demand</i> aligns with relational care evidence: early relational support reduces the need for removal and can be a powerful way to avoid the risks and costs of “failure demand” (ie. the extra work, cost and harm that occur because the system doesn’t get things right the first time) ○ <i>Connected, co-located services</i>: relational care thrives in networks where community, family and statutory systems are integrated, not siloed.

	<ul style="list-style-type: none"> ○ <i>Community informed services</i>: relational models must be codesigned with communities and people with lived experience. ○ <i>First Nations organisations</i>: relational care must be culturally safe and not co-opted into existing protection paradigms. First Nations-led organisations will enable relational belonging for First Nations children and families. <p>As additional priorities, CRC advocates investing in a relational workforce, and in programs that support relational learning and mission-driven leadership capability, particularly in statutory child protection and contract management teams. Relational contracting depends on empowered, skilled people; without strengthening the workforce and its culture, relational contracting will not work.</p>
<p>Improving family wellbeing</p> <ul style="list-style-type: none"> • Do the proposed focus areas (e.g. families at risk of child protection involvement, young parents) match your service's priorities? • Are there other groups or approaches that should be considered? 	<p>Absolutely. CRC's work shows that families at risk of child protection involvement need relational, stabilising, trust based supports - not just crisis response.</p> <p>Relational contracting for improving family wellbeing should consider, engage with, and support a range of groups and approaches that the CRC advocates for, for example:</p> <ul style="list-style-type: none"> ○ Children and young people who have experienced removal or out-of-home care (see CREATE Foundation) ○ Parents and families benefit hugely from relational mentoring peer connection, and long term support (see Family Inclusion Services in the Hunter), ○ Relational care models for permanency, reconnection, identity, belonging (see Professional Individualised Care, Backtrack, ID. Know Yourself) ○ First Nations children and families with complex intergenerational trauma and continued disadvantage / removal and ACCO led services (see AbSec) ○ Peer led youth services supporting young people at risk (see Youth Insearch) ○ Healing-informed models for children, families and community (see Australian Childhood Foundation OurSpace, Waminda) ○ Culturally and linguistically diverse (CALD) families, who may be disconnected from mainstream relational networks (see Settlement Services International) ○ Young people in, or exiting, youth justice benefit from relational, lived-experience-led mentoring and communitybased reconnection supports (see Confit Pathways, Fearless Towards Success).

	<ul style="list-style-type: none"> ○ Culturally rooted relational services (see International Social Service Australia) ○ Involving Primary Health Networks can strengthen pathways between mental health, early development and family support, particularly within early intervention and intensive service streams. PHNs also bring local health intelligence and commissioning experience that can shape more responsive and holistic support for vulnerable communities.
<p>Connected, co-located, and integrated services</p> <ul style="list-style-type: none"> • Beyond co-location, what works to connect and coordinate services? • What should grant applications be assessed on, to show genuine connectedness to community? 	<p>While co-location is valuable, <i>relational coordination</i> is more powerful: that means shared governance, joint planning, codesign with community, and shared learning among providers. Grant applications should be assessed on:</p> <ul style="list-style-type: none"> ○ Evidence of <i>relational partnerships</i> (e.g. with lived experience groups, community networks). Grants should be designed in a way to incentivise collaboration rather than competition (at a recent workshop with community organisations some participants observed they are currently forced to “fight each other for funding”). ○ Past or proposed <i>relational governance structures</i> (advisory committees, shared decision making) ○ Plans for <i>adaptive learning</i> (how the service will adjust delivery based on feedback, transitions, lived experience input) ○ Cultural safety and relational continuity, especially for First Nations or other priority communities.

<p>Responding to community need</p> <ul style="list-style-type: none"> • Beyond locational disadvantage, what other factors should determine need? • What's the best way for applicants to show they genuinely meet community needs? 	<p>Important factors beyond geography:</p> <ul style="list-style-type: none"> ○ Cultural and social connectedness (e.g. communities with high disconnection, intergenerational trauma) ○ Relational fragmentation (areas where families lack relational supports, trust networks) ○ Service gaps in relational care (not just in service presence, but relational depth) ○ Applicants can demonstrate genuine need by: <ul style="list-style-type: none"> □ Co-designing with community (including lived experience) □ Submitting data about relational need (e.g., high rates of placement breakdown) □ Presenting relational service models (mentoring, relational care, peer networks) □ Demonstrating sustainable relational governance (advisory boards, lived experience leadership) □ Demonstrating learning methodologies that can inform and adapt support to needs and contexts of families in communities.
<p>Improving outcomes for Aboriginal and Torres Strait Islander children and families</p> <ul style="list-style-type: none"> • How could the grant process increase the number of ACCOs delivering services? • What else should be built into program design for First Nations children and families? 	<p>To increase ACCO participation, the grant process should:</p> <ul style="list-style-type: none"> ○ Give priority weighting to ACCO-led or ACCO-partnered relational service providers ○ Simplify application and reporting requirements for ACCOs, especially for relational contracting models (longer agreements, trust-based governance) ○ Require culturally safe governance with First Nations leadership and lived-experience governance. ○ Additional design features: <ul style="list-style-type: none"> □ Provide resources for relational care practices that are culturally informed (e.g., connection to kin, culture, community) □ Embed <i>relational permanency</i> strategies (connection to community, culture, family) within contract terms □ Include funding supports for relational workforce in ACCOs (mentors, relational care workers, peer support) □ Use First Nations-led evaluation and feedback mechanisms (culturally appropriate data collection, storytelling).

<p>Measuring outcomes</p> <ul style="list-style-type: none"> • What types of data would help your organisation really understand its impact? • What data/information would you like to share with government to show relational outcomes? • What templates or guidance would help with case studies / qualitative measures? 	<p>CRC recommends a whole new methodology of measuring what matters guided by a fundamental re-set of system incentives. This could include a mix of quantitative and qualitative relational metrics:</p> <ul style="list-style-type: none"> ○ <i>Quantitative (of some importance)</i>: stability of relationships (duration of client provider relationship), placement stability for children, relational continuity, number of relationships with safe attuned adults a child has, numbers of mentors/peer supporters, worker retention ○ <i>Qualitative (of most importance)</i>: asking those who matter the most what matters the most and how well they see the service supporting their life and wellbeing goals, human stories (see Humans of Care), relational and intrinsic motivation journeys³, relational feedback, trust surveys, lived-experience narratives⁴, cultural identity and belonging assessments. <p>For case studies:</p> <ul style="list-style-type: none"> ○ Guidance on how to document relational change (e.g before/after, narrative arcs, relational space) ○ Templates that prioritise stories of relational repair, connection, belonging
	<ul style="list-style-type: none"> ○ Advice on anonymisation, ethical storytelling, especially for children, and families impacted by trauma ○ Tools for participatory evaluation so people can contribute to describing “what relational success feels like.”

³ Mark Smith’s work with the [Liberated Method](#) is useful here and for valuing the benefits of ‘gloriously ordinary’ relational activities

⁴ The Cynefin Co, *SenseMaker*®, <https://thecynefin.co/sensemaker> is one tool for this

<p>Working together • What does relational contracting mean <i>in practice</i> for your organisation?</p> <ul style="list-style-type: none"> • What criteria should DSS use to decide which organisations get relational contracts? • Is your organisation interested in a relational contracting approach? Why / why not? 	<p>For CRC, relational contracting in practice means:</p> <ul style="list-style-type: none"> ○ Joint governance: shared decision-making, steering committees, learning forums, lived-experience advisory groups, honouring and inclusion of First Nations governance principles ○ Decentralisation: prioritising community-based organisations that understand local needs, have strong leadership and links to the community, particularly early years services, schools and health settings ○ Trust-based accountability: success criteria co-designed, not simply imposed; space for adaptation and renegotiation ○ Time investment to build trusted relationships through regular human and relational interactions ○ Long-term orientation: multi-year contracts (5 years or more), continuity of funding ○ Risk-sharing: government and provider share risks, including for innovation, changes in demand, or service redesign. <p>Criteria DSS could use for relational contracts:</p> <ul style="list-style-type: none"> ○ Evidence of relational leadership / governance ○ Capacity for adaptive learning and continuous improvement ○ Strong relationships with lived experience, community, clients ○ A demonstrated track record (or credible plan) for relational service delivery ○ Commitment to relational impact metrics (not just compliance) <p>CRC absolutely supports a relational contracting approach: it aligns with our mission, experience, and vision for a Child Connection System. We offer our collaboration with DSS to articulate criteria, incentives and practicalities and support of this agenda.</p>
<p>Other</p> <ul style="list-style-type: none"> • Is there anything else DSS should consider about this proposed approach? 	<p>Some additional considerations:</p> <ul style="list-style-type: none"> ○ Relational care for children in statutory settings: Relational contracting must explicitly support relational care models in out-of-home care (permanency, reconnection, relational mentorship). ○ Relational capability in government: Funding relational contracting is not enough without building relational

	<p>capacity and real relational culture in government (especially procurement teams, contract managers, executives)⁵</p> <ul style="list-style-type: none"> ○ Co-design / co-produce with lived experience: People with lived experience (young people, parents, families, carers) should be deeply embedded in the design, monitoring, and governance of this reform. ○ Sustainability and scale: Pilot relational contracts must include a pathway to extend, so successful approaches can be scaled to other regions or adapted for related services or programs. ○ Equity lens: Ensure relational contracting does not privilege large providers (e.g. because it means fewer contracts) but supports grassroots, community-led, culturally grounded relational services. This doesn't preclude large providers but they must have genuine local presence, and partner with community organisations.
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About the Centre for Relational Care

We are an independent, not-for-profit advocacy body seeking to transform Australia's care systems toward relational models of practice, with an initial focus on out-of-home care. Our work is built on evidence that a system that puts child connection and relationship first, works best for families and keeps children safer. We

⁵ Dan Honig's work on [Mission driven Bureaucrats](#) is helpful here

call this a "Child Connection System". We are growing a community of people with extensive and diverse experience in child protection and care systems to guide our work.
