

CatholicCare Sydney  
Submission to the Department of  
Social Services:

A new approach to programs for  
families and children consultation

# CatholicCare Sydney Submission to the Department of Social Services: A new approach to programs for families and children consultation

## Executive Summary

Our organisation welcomes the Department of Social Services' intent to reform child and family programs through a single national program that prioritises outcomes, reduces administrative burden, and strengthens services for First Nations families. We support the vision of strong families and resilient children, and the proposed priorities of early investment, integrated services, and community-led approaches.

However, the proposed framework requires refinement to ensure it is inclusive, prevention-focused, and responsive to real-world service delivery. Key concerns include:

- Narrow scope of vision and outcomes, excluding individuals who are not yet parents, extended family networks, and broader community-level factors.
- Singular emphasis on ages 0–5 and child protection risk gaps for older children, CALD communities, people with disability, and those impacted by family violence and poverty.
- Integration framed as co-location, rather than funded relational practice and community engagement.
- Competitive tendering risks, particularly in thin markets, and lack of clarity and detail on relational contracting.
- Insufficient recognition of proven service models and the need for flexibility to maintain them.

We urge the department to allow more time for meaningful consultation and a genuine codesign approach with the sector to ensure reforms build on existing strengths, avoid service disruption, and deliver meaningful outcomes for children, families, and communities.

## Response to Discussion Questions

### Vision and Outcomes

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

- The vision aligns with sector aspirations for strong, supported families and healthy, resilient children
- However, the framing appears narrowly focused on families with dependent children, without explicitly recognising the broader ecosystem that supports child and family wellbeing including extended family, kin, community, and individuals who are not yet parents or caregivers.
- The exclusion of early, upstream work reduces the vision's capacity to acknowledge the importance of building protective factors and relational capability well before individuals take on caregiving roles. Including this would strengthen prevention and long-term outcomes.

**Are the two main outcomes what we should be working towards for children and families?**

**Why/why not?**

- Broadly, yes. Empowering parents and supporting children to become resilient adults are essential goals. However, the outcomes should encompass broader concepts of family, including extended kinship networks and significant relationships beyond the nuclear family. They should also reflect community-level protective factors and cultural dimensions of wellbeing, particularly for First Nations communities.

## **Program Structure**

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

- A single program will likely reduce fragmentation and administrative burden, enabling more responsive service delivery. However, flexibility must extend to maintaining proven service models and to funding activities that support individuals outside traditional family contexts.

**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?**

- Generally, yes. The streams provide a continuum of support from universal to intensive services. However, the framing is too narrow around parenting and child protection risk. It risks excluding generalist relationship services and early intervention for individuals who are not yet parents.
- We are concerned that some of our current services do not fit within this narrower definition. This may ultimately mean that those in the community who are relying on these supports may no longer have access to the help they need.

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

- We would like to see that there is the flexibility to adjust service intensity within the identified service streams. Families utilizing services within the prevention and early intervention space may also need more intensive support throughout their engagement. The ability to provide stepped care and continuity of support is critical to better outcomes.
- CCS supports the ongoing focus on collaborative, integrated support across the service sector. However, this requires investment in back of house support and governance structures. We urge DSS to ensure there is adequate budgetary allowance to support integration, co-location, collaborative service design in addition to operational funding.

### **Prioritising Investment**

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

- Yes, particularly early investment and improving outcomes for First Nations families. However, “invest early” should include upstream prevention for individuals before they become parents, and for not only families already in crisis.

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

- Yes. We believe the following would strengthen the proposed funding model:
  - Recognising the needs of people outside traditional family units, including individuals who are not yet parents or who may not be ready to acknowledge patterns of violence with the aim of preventing future harm.
  - Enable providers to address gaps in service for older children (6–18) and prioritise services that support CALD communities, people with disability, and those impacted by family violence and poverty.
  - Ensuring that community development and integration are embedded as funded practices.

### **Improving Family Wellbeing**

**Do the proposed focus areas – like supporting families at risk of child protection involvement and young parents – match the needs or priorities of your service?**

- Partially. Supporting families at risk and young parents aligns with our work, but the focus is narrower than our current portfolio and risks squeezing out the provision of important niche services that meet specific local community needs. Broader prevention, including work with individuals at risk of perpetrating violence or those experiencing isolation for example, is essential.

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

- Yes. We would urge program outcomes to recognise;
  - The broader community who seek support well before entering a parenting or family role. Many rely on accessible generalist counselling because they are priced out of private services. Early relational support for these individuals strengthens emotional regulation, coping skills and healthy relationship patterns that later translate into safer, more stable family environments.
  - Young men displaying early indicators of anti-social, controlling or violent behaviour. Providing targeted early intervention—including emotional literacy, conflict resolution skills, and respectful-relationship education—has the potential to reduce future perpetration of DFV and improve long-term community safety.
  - Those with Intersectional needs (First Nations, CALD, LGBTQIA+, disability).

### **Connected, Co-located, and Integrated services**

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

- Funded time and capacity for providers to build relationships, engage with community stakeholders, participate in joint activities, and maintain trusted connections across the service system. Resourcing this work ensures continuity for families and reduces service fragmentation.
- A single, dedicated point of contact or funding for the facilitation interagency collaboration, convenes networks, and supports shared problem-solving.
- Adopting a model similar to the Attorney-General's Department, which funds both local service delivery and national information channels such as Family Relationships Online, could substantially strengthen help-seeking pathways. A national gateway improves public awareness, standardises information, and ensures families can easily locate verified, trusted services regardless of where they live.

**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?**

- Demonstrated local connections and partnerships
- Demonstrated track record of delivering proven models with sound program logics.
- Cultural safety and responsiveness.
- Evidence of community engagement and co-design.

### **Responding to Community Need**

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

- Cultural and linguistic accessibility, including resourcing in-person interpreters, and community-led approaches.
- Patterns of justice involvement and crime trends. Communities with elevated crime trends often face intersecting disadvantages. Targeted investment in these areas supports prevention and early intervention, particularly for young men and individuals exiting the justice system who are at heightened risk of future harm without accessible supports.
- Service gaps and affordability barriers. Funding models should account for areas where community need is high but service availability or affordability is low, ensuring vulnerable individuals are not excluded simply because services are scarce or inaccessible.

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

- Local data, population trends, service-system mapping and identified gaps, such as waitlists, affordability barriers and issue prevalence to clearly demonstrate the scale and urgency of need.
- Service utilisation and outcome data to show measurable positive change. Short, structured case studies can bring this to life by illustrating client pathways, barriers, interventions, and outcomes.

### **Improving Outcomes for Aboriginal and Torres Strait Islander Children and Families**

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

- Prioritise ACCO-led delivery in high First Nations populations.
- Fund capacity-building and partnerships between ACCOs and non-Indigenous organisations.

- Embed cultural safety requirements across all services.

## Measuring Outcomes

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

- Routine Outcome Measurement (ROM) System allowing us to track client progress over time, measure change across relevant domains, and map outcomes back to revised program logics and SCORE domains.
- Access to follow-up data would allow us to understand long-term trajectories and whether change is sustained.

**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?**

- Sharing structured outcome data linked to tailored Routine Outcome Measures or similar tools, along with relevant SCORE domains that capture shifts in wellbeing, safety, family functioning, and goal achievement.
- Structured case study templates capturing client voice and impact.

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

- Mental Health and Wellbeing, Family Functioning, and in some cases Safety. The relative priority depends on each client's presenting needs, but these domains most accurately reflect the core areas of change we work towards.

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

- A simple, structured case study template would be very useful. Clear prompts, optional word limits, and guiding questions would ensure the narrative stays focused on illustrating impact while still capturing the client's voice and journey.

## Working Together

**What does a relational contracting approach mean to you in practice?**

- A partnership approach based on trust, shared goals, and flexibility.

- Criteria: strong governance, proven outcomes, adaptability, and collaboration.
- Implementation should be staged and co-designed with the sector to avoid unintended consequences.

**What criteria would you like to see included in a relational contract?**

- Agreed outcomes and clearly defined measures of success should be outlined from the outset, supported by transparent review and feedback processes.

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

- Where there is clear evidence that an organisation can deliver quality, maintain safety, and meaningfully contribute to continuous improvement. Including;
  - Demonstrated and substantiated evidence of strong clinical governance, capability to meet required outcomes
  - Experience delivering comparable services
  - Demonstrated track record of achieving positive results for clients
  - The organisation's ability to work collaboratively and adaptively

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

- Yes, CCS is interested in a relational contracting approach. We value the opportunity to work in genuine partnership with the department, as we have been doing for many year, as this approach supports open communication, shared problem-solving, and a more responsive service system. Relational contracting allows for more nuanced understanding of community needs, enables flexibility to adapt services when appropriate, and strengthens accountability through collaborative oversight rather than purely transactional reporting.

## Conclusion and Key Recommendations

To ensure the success of this reform, we recommend:

1. Broaden the vision and outcomes to include individuals who are not yet parents, extended family networks, and community-level protective factors.
2. Expand focus areas beyond ages 0–5 and child protection risk to include older children, CALD communities, people with disability, and those impacted by family violence and poverty.



3. Fund integration as a practice, not just co-location, by resourcing community engagement and relationship-building.
4. Strengthen First Nations outcomes through ACCO leadership, capacity-building, and culturally safe service delivery.
5. Clarify and pilot relational contracting, ensuring flexibility, accountability, and genuine partnership.
6. Adopt fair and transparent tender processes, with weighting for proven performance and local connections, and consider non-competitive options for contracting..
7. Extend consultation and transition timelines to avoid service disruption and enable co-design.

Our organisation looks forward to working collaboratively with the department and the sector to ensure these reforms deliver meaningful, sustainable outcomes for children, families, and communities.