DISCUSSION PAPER QUESTIONS

Vision and Outcomes

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

The proposed vision appears narrowly focused on children, families and parenting, overlooking individuals who may seek support for relationship or communication needs later in life or outside the parenting context. Many organisations have invested significant time and resources in embedding services within diverse communities to meet a broad range of family, relationship and parenting needs across different life stages. These clients are equally important and should not be excluded from future service models.

Furthermore, the FaRS contract—intended to be integrated into the new program—contains key objectives, client groups, and deliverables that have not been carried forward. The shift away from supporting all relationships, as outlined in the FaRS framework, in favour of a sole emphasis on children and parents represents a substantial reduction in scope and risks leaving critical gaps in service provision.

Are the two main outcomes what we should be working towards for children and families? Why/why not?
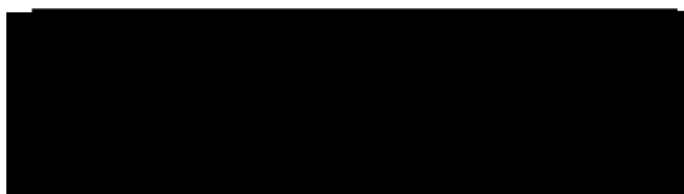
Outcome 1: Parents and caregivers are empowered to raise healthy, resilient children.

The wording of this outcome overlooks clients who seek support prior to having children to strengthen their relationships. Excluding this group from the stated outcomes and terminology represents a significant gap, as they form an important part of the service user base. While the outcome itself is valuable, its current framing fails to reflect the diversity of client needs.

Furthermore, the term *"healthy"* is inherently subjective and can be interpreted across multiple dimensions. It introduces a binary distinction between "healthy" and "unhealthy," which may carry unintended negative connotations and oversimplify complex realities.

Finally, although the discussion paper references *families*, the outcomes focus exclusively on children and parents. Families encompass a range of individuals, relationships, and dynamics that extend beyond the traditional parent-child structure.

Outcome 2: Children are supported to grow into healthy, resilient adults.

This outcome is important; however, it is most effectively achieved by addressing the needs of adults who influence children's lives. Supporting adults with issues that impact their parenting capacity—such as relationship challenges, emotional regulation, or life transitions—can significantly improve outcomes for children. Early interventions, including those provided before children arrive are critical to breaking cycles of disadvantage.

The current framing also overlooks individuals who may have grown up in functional family environments but later experience difficulties as adults. These situations can lead to diminished resilience and perpetuate cycles of unhealthy relationships and parenting. The Department should consider how its approach accounts for these scenarios to avoid restricting client groups and leaving gaps in service provision.

Program Structure

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

In principle a single national program could potentially provide more flexibility for our organisation. This would be achieved provided the program outcomes are broad enough (note comments above) and by reducing red tape and offering organisations a genuine opportunity to direct resources and effort to the expressed needs in their communities. The detail of the Funding Agreements will be critical in this regard.
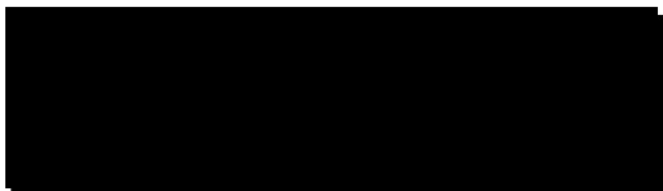
Does the service or activity you deliver fit within one of the three funding streams? Do these streams reflect what children and families in your community need now – and what they might need in the future?

We deliver FaRS activity which is meant to fit within the three funding streams. The needs we have observed in the community and what we have seen as future demand, don't neatly fit into the new streams. We feel that the new streams are very prescriptive around client groups and disregard a cohort of clients that may not have children, want early intervention around their relationships, or are later in their life seeking relationship support.

The below graph highlights that our current FaRS service has the largest cohort of clients from the age range of 35-39. This highlights that the new program would not cater to these clients with the focus on the 25-year-old parents. We would also assume that people above this age range would not be accessing service for support around managing children at risk of child protection intervention. It also highlights the cohort of people over 40 accessing our services, demonstrating community need and also posing the question 'where will these people go to access service?'.

**Individual Clients by Age Group -> Age at Session**
NB: 1) Age represents age at session so if a client changes age between sessions they will appear in multiple age categories. 2) To drill down to age at session in years, select an age group

Age Group (5 year intervals) ▼
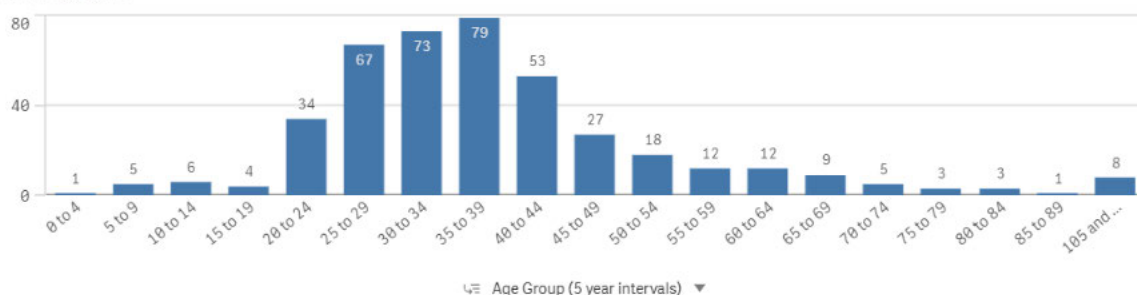
The below data displays the clients who have or care for children:

%GT Count of individual_id by do_you_have_or_care_for_children.answer
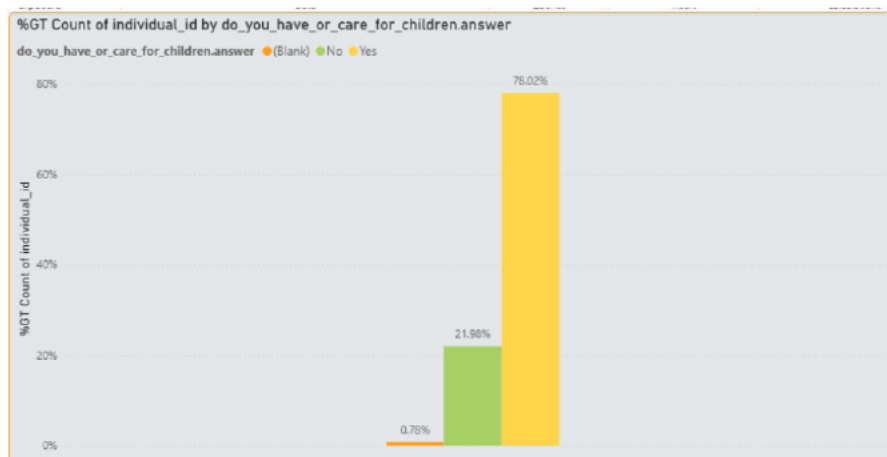
This data illustrates that almost a quarter of our clients are not parents or currently caring for children. It is also difficult to assume that clients accessing our services with children are all at risk child protection intervention or seeking support specific to parenting and not the other service types and specific intervention that we provide.

The below data reflects the presenting issues for FaRS and a small portion of Family Law counselling (these clients often access both services simultaneously) that clients seek out our service for:

primary_issue	%GT Count of individual_id
Reported family breakdown/relationship/functioning	49%
Challenges with intimate relationships	19%
Grief/loss	15%
Reported mental health and wellbeing	14%
Relationship difficulties with others	9%
Reported symptoms of anxiety	8%
Reported education/employment issues	7%
Reported esteem/confidence	5%
Reported symptoms of stress	5%
Reported parenting issues	4%
Peer relationships	2%
Police/legal	2%
Presentation of complex/chronic trauma	2%
Reported acute trauma	2%

This data clearly highlights the demand and the breadth of issues that clients seek support for. Our staff are often responsible for case managing

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some of these issues and referring onto other services when there is capacity for them. We would like to comment that most of the presenting issues are independent of parenting issues but could also in turn impact on parenting if not supported.

The above data sets were collected from January 2025- present.

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

The proposed program presents significant challenges for our organisation. It will require us to withdraw services from long-standing community locations, disrupting relationships built over many years. For example., we have established relationships in multiple parish communities delivering psychoeducation, pre-marriage groups and counselling sessions. Now that the direction of the funding has shifted, this service offering in this community group would not be in line with the funding priority cohorts. These communities would be impacted by the lack of support from our organisation. We strongly recommend that the Department ensure data collection processes remain culturally sensitive and appropriate. Additionally, the absence of case management within FaRS activities is concerning, as this support is essential for managing vulnerable and complex cases.

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?

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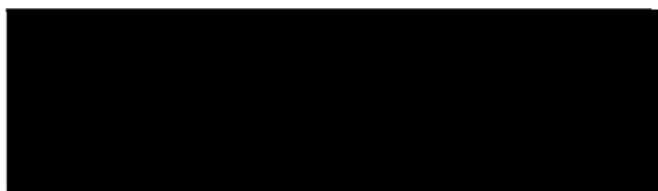
They are:

1. **Invest early to improve family wellbeing, break cycles of disadvantage, and reduce the need for later interventions – like child protection.**

    While early intervention is a critical priority, focusing exclusively on social disadvantage risks excluding other vulnerable groups. Preventive support should also target individuals and couples before they have children, addressing issues such as emotional regulation and relationship skills. For example, providing counselling to individuals with strong emotional challenges could prevent future family violence and child protection involvement. True early intervention means addressing these risks before children are affected.

2. **Prioritise connected, co-located, and integrated services that work together to meet family needs.**

    Co-location is not always practical or beneficial despite increasing accessibility with dispersed services throughout multiple locations being favourable rather than concentrating in fewer locations. Securing large, shared premises is unrealistic given budget constraints, and physical proximity does not guarantee collaboration. Our organisation already collaborates effectively without co-location. Additionally, forcing clients to attend services in shared spaces may create barriers, particularly for those with negative past experiences. Our experience in regional areas delivering parenting support programs through the ParentsNext program was that
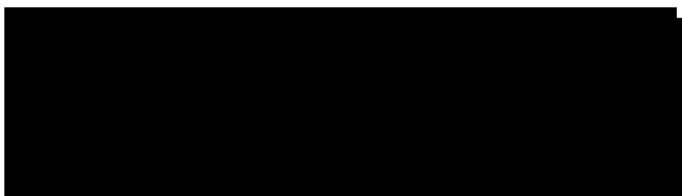
there was a lack of consistent availability of premises to enable co-location.

3. **Ensure services are informed by, and respond to, community needs.**

Our current services are designed around community needs, yet the proposed program risks creating overlap with state-funded services and narrowing priorities. Government-prescribed focus areas, such as young parents, exclude other vulnerable groups like grieving parents and newly partnered couples. In response to community demand, we have developed programs for individuals without children—such as those re-partnering—to promote healthy relationships and prevent issues like family violence. These initiatives represent true early intervention and should remain part of the program.

4. **Improve outcomes for First Nations children and families by increasing the number of Aboriginal and Torres Strait Islander community-controlled organisations (also called ACCOs) delivering supports in locations with high First Nations populations.**

We support increasing ACCO involvement partnerships- while noting our experience that establishing trusting, meaningful relationships takes considerable time. Our organisation has invested years in genuine collaboration with ACCOs, and these efforts risk being undermined by superficial partnerships formed solely for compliance. Our experience in the NSW Out of Home Care service and the transition of ATSI children to ACCO's is that the ability of ACCO's to scale up and resource increase demand also takes time.

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

Several priority groups previously served under FaRS are excluded from the new program, with no alternative subsidised services available. These include couples forming long-term relationships, families at risk of breakdown, individuals experiencing grief or trauma, and children in distress. Our organisation has built significant caseloads around these groups, and their exclusion disregards diverse forms of vulnerability beyond geographic disadvantage. It is unrealistic to assume that only certain postcodes or families with children at risk of entering the child protection system) require support. The Discussion Paper does not offer any context or rationale as to why these groups will not be a focus of the new program.

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?

The proposed focus areas address some client needs but exclude many services and vulnerable groups. They fail to capture the diversity of disadvantage and overlook early intervention opportunities before children are involved, as well as support across the lifespan.

Are there other groups in your community, or different approaches, that you think the department should consider to better support family wellbeing?
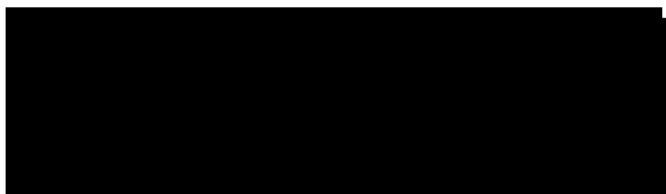
The new program places an excessive focus on nuclear families with young children, overlooking other family structures and individuals. Key groups currently supported under FaRS—such as couples forming long-term relationships, families at risk of breakdown, those experiencing disadvantage, and individuals affected by domestic violence—should remain priorities. Excluding these groups contradicts evidence of program effectiveness and risks damaging the reputation of agencies that have successfully delivered these services for years.

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?

- Warm referrals
- Online meetings/online case conferences
- Collaboration on joint projects.
- Relationship building across services and embedding service offerings in community locations.
- The Family Law Pathways groups (funded by AGD) across NSW have been a positive model for collaboration in regions across the family law system to assist families and children. A similar model could be developed for the family and relationship services program.

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?

Applicants should be assessed on previous experience and outputs of working in the community with community groups, members and services. Mapping community presence and service could be a good way for organisations to illustrate community engagement and impact.

Responding to Community Need

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

Funding decisions should consider factors beyond locational disadvantage, such as situational hardship, trauma, grief, illness, job loss, and caregiving responsibilities. Services should not exclude individuals without children, as these issues significantly affect family dynamics and future parenting. For example, supporting emotional regulation can prevent negative impacts on relationships. Additionally, domestic and family violence is not limited to households with children; ignoring women in these circumstances would be a serious oversight given current statistics on related fatalities.

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

Reliable service uptake and client numbers, data sourced from various outcome measures (Program Logic Theory of Change, DEX data)
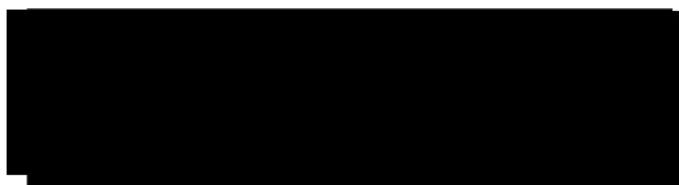
demonstrate alignment with community needs. This evidence, along with letters of support and references from community leaders, can be presented in grant applications to validate impact.

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?

It is impractical to expect Aboriginal Community Controlled Organisations (ACCOs) to deliver all services under this grant, given the extensive capacity and decades of experience held by many non-ACCO providers. A balanced approach that leverages both ACCO expertise and established non-ACCO service networks will ensure comprehensive, culturally appropriate, and sustainable outcomes. As noted above, while we support this policy objective, caution is required on the speed of implementation. Expectations on ACCOs to deliver a sudden significant increase in demand for service needs to be realistic and allow time and support to scale up.

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

Program design should be informed by Aboriginal Community Controlled Organisations (ACCOs), as they hold the expertise to determine outcomes for their communities. Additionally, the Department should support non-ACCO providers in strengthening the ACCO sector, aligning with Priority Reform 2 of the National Agreement on Closing the Gap. This approach promotes genuine capacity building rather than tokenistic compliance. It is
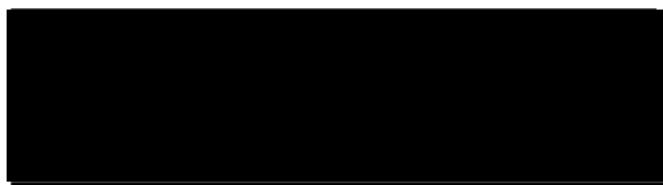
also unclear from the Discussion Paper what role the department sees for non ATSI organisations working with ATSI clients into the future. In the past agencies were expected to have an Indigenous Access Plan (IAP) and encouraged to recruit ATSI staff. The focus on ACCO's is welcome, however it is now unclear if mainstream organisations are encouraged to also offer services for ATSI people, create cultural safety etc. This capability within organisations will eventually erode without continued efforts. A related point is being able to offer choice of service for ATSI people, some of whom may opt for a mainstream organisation who has assisted them in the past or for their own reasons.

Measuring outcomes

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

Access to benchmarking data across similar funded services would enable comparative performance analysis and continuous improvement. Additionally, providing data on State-funded services would help prevent duplication, promote resource efficiency, and support meaningful collaboration between agencies.

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?

To demonstrate impact, the most valuable data includes structured service evaluations, program logic models, and theory of change frameworks. Quantitative measures such as Net Promoter Scores and
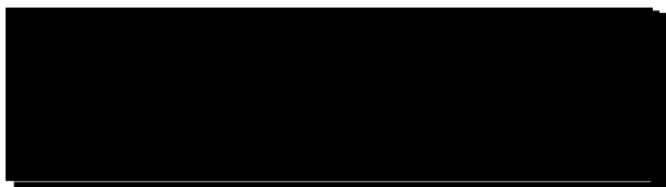
Feedback Informed Treatment (FIT) data provide insight into client satisfaction and outcomes. Qualitative evidence, including case studies and success stories, complements these metrics. Additionally, leveraging internal data extracted from our Client Management Information System (CMIS) ensures accuracy and consistency in reporting.

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

The most relevant SCORE Circumstances domain for our service is Family Functioning.

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

A standardized case study template should capture key elements such as presenting issues, barriers to service, desired outcomes, and demographic details. Qualitative data is essential for demonstrating impact beyond numbers, highlighting both quality and quantity of outcomes. Incorporating client voice ensures authenticity and relevance, while documenting collaborative efforts with communities and services reflects broader systemic impact. Current reporting frameworks, such as DEX, undervalue these contributions when classified as "unidentified" data, despite their significant role in community wellbeing.

Working Together

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

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The Department has not provided a clear definition of relational contracting, making it difficult for organisations to assess its implications. Greater transparency is needed regarding available options, governance processes, and safeguards to prevent misuse. Clear boundaries, accountability measures, and business integrity standards should be embedded to ensure fairness and probity.

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

Due to the lack of a clear definition of relational contracting, organisations can only speculate on its criteria and implications. It is reasonable to assume that factors such as an approved Activity Work Plan (AWP) and strong historical contractual performance may be considered favourable. However, clarity is needed on the Department's assessment process, decision-making criteria, and alternative options to ensure transparency and fairness.

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

In principle our organisation is willing to explore the possibilities that appear to be available through relational contracting. However more detail regarding its structure, benefits and implications is required for us to provide further comment. Transparency on the advantages and risks of this approach is essential for informed decision-making.

Other

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

The proposed program offers the possibility for streamlining, greater flexibility for providers in meeting local needs and an approach to contracting that is more trust based and collaborative between providers and government. These elements of the Discussion paper are welcome. However, we also note the Discussion Paper excludes most client groups currently served under the five existing activities, creating significant service gaps. Domestic Violence clients and those supported through FaRS are particularly at risk of losing access to early intervention services if the program limits eligibility to parents only. With few or no subsidised alternatives available, these clients will likely be pushed into the already overburdened health system unnecessarily. Current priorities—focused on child protection risk and parents under 25—ignore the needs of blended families, older parents, single individuals, CALD communities, and small communities, undermining equitable service delivery.