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

Yes, the broad vision is supported, particularly the commitment to funding a wide range of high-quality, evidence-informed services from universal community supports through to targeted help at times of crisis. Simplified grants and reporting processes are also strongly supported as they are consistent with existing sector positions on reducing administrative burden so resources can be directed to service delivery.

There is strong support for strengthening services for Aboriginal and Torres Strait Islander children and families, with recognition that culturally safe support can be delivered by both ACCOs and non-Aboriginal organisations that employ Aboriginal staff, are place-based and culturally informed. Early intervention and targeted, educative programs are essential to prevent escalation into statutory systems, including child protection and justice, and should be clearly reflected as central to the vision.

The vision should also explicitly acknowledge broader concepts of family, including extended family, kin and significant others, consistent with DSS's existing FaC Activity Outcomes Framework and contemporary definitions of family.

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.

Outcome 1: Parents and caregivers are empowered to raise healthy, resilient children

This outcome is supported in principle, but language could better reflect a wellbeing and development focus rather than a narrow "health" framing, which tends to imply a clinical model. Framing this outcome around "supporting parents and caregivers to nurture the wellbeing and development of children" would align more closely with sector evidence and existing outcomes frameworks. Supporting appropriate parenting/caregiving to support the wellbeing and development of children is an agreeable outcome.

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

The intent of supporting children's wellbeing over the life course is supported, with an important emphasis on ensuring children can enjoy safe, nurturing environments now, not only as future adults. The framing of outcomes should also acknowledge that "family" is broader than households with dependent children and that children do not themselves constitute a family unit; extended kin, carers and other significant relationships are often central.

For both outcomes, the department should clarify how outcomes will be measured

and whether a standard model or tool will be provided, to ensure consistency, reduce administrative burden and avoid a proliferation of bespoke tools. Consideration should also be given to measures reflecting First Nations conceptions of wellbeing, including connection to culture, community, Country and identity.

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

In its proposed form, a single national program does not appear to provide additional flexibility and may, in fact, narrow eligibility compared with current FaRS and SFVS settings. Adults without children, or with adult or older children, who are experiencing significant life transitions (such as relationship formation, separation, grief and loss, or family violence) may no longer be eligible, despite these transitions having clear impacts on children and on community wellbeing. Historically, FaRS in particular has focused on helping people navigate these life transitions in ways that strengthen relationships and prevent escalation to more intensive systems, and this function should be preserved.

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?

Some of the services we offer now fit within the three funding streams (e.g. Children and Parenting and FMHSS). However, some of the offerings that we provide under SFVS and FaRS are not covered in these streams, e.g. individuals or couples without children or with older children.

The participant cohort who typically attend relationship counselling and DV counselling appear to be narrowed. We also provide early intervention support to reduce FDV in communities and whilst the three streams may cover some early intervention work to prevent children from observing or being involved in FDV, there are also couples and adults without children who benefit from the early intervention FDV work that we do. The work in communities may involve delivery to participants who remain 'unidentified' from a DSS data perspective – yet the work in community yields community mobilisation and education outcomes that are important in reducing the incidence of FDV.

There is a significant risk of unintended contraction of valued Aboriginal led prevention initiatives that do not fit neatly within the three streams. Our NO MORE program is a long standing, Aboriginal led family and domestic violence prevention initiative that mobilises local communities, works with sporting clubs, communities and in other community settings, and often engages large numbers of "unidentified" participants who are not recorded as individual clients in DEX.

While it does not always involve identified families with dependent children, it has a direct impact on the safety and wellbeing of children by changing community attitudes, norms and behaviours around violence. If the new program narrows eligibility to only those activities that can be easily coded against the two proposed child and parent outcomes, there is a real risk that effective, culturally grounded prevention programs like NO MORE will be defunded, with damaging consequences for communities.
In regards to families at risk of entering the child protection system – there is already a DSS funded program called Children and Family Intensive Support (CaFIS) that works with this group. Is this a duplication?

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

Widen the scope to include individuals and families without children or with older children, who still need support with wellbeing and navigating life transitions. Ensure that work in communities is supported and that a wide reach of participants is supported (including those without children). Find a way of reporting that includes the important work that is done with unregistered participants (maybe through activity workplan reports and qualitative reporting). For remote and regional NT communities in particular, community-wide, Aboriginal led initiatives are often the most effective and culturally acceptable way to reduce violence and keep children safe. The program structure and outcomes framework should explicitly recognise community level prevention work and Aboriginal led mobilisation as in scope activities, even where participants are not individually identified in administrative data.

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

Priority 1: Invest early to improve family wellbeing, break cycles of disadvantage and reduce the need for later interventions – like child protection.
Yes, agree with early intervention as a priority, including both individual and community level prevention work.
Priority 2: Prioritise connected, co-located and integrated services that work together to meet family needs.
Connected, integrated services working together is generally helpful and worth prioritising. Co-located may be a nice to have but does not need to be a priority as it sets up potential blocks, particularly in community where infrastructure may be limited. A priority on co-location may also incur additional costs unnecessarily. There are practicalities that could prevent co-location such as commitment to

leases, privacy and potential risks to participants if co-location places services in the same location. Co-location appears to be a way of establishing one-stop shops or hubs; both service designs require extensive planning to ensure participant and staff safety.

In remote NT communities, place based service models already operate as integrated hubs in practice, even where services are not physically co located in a single building. CatholicCare NT's sites typically bring together family and relationship services, children's programs, mental health supports, FDV responses and community development within a connected local ecosystem. Staff share information (with consent), provide warm handovers, participate in inter agency networks and jointly plan responses for families. This integrated, hub like approach is driven by relationships, local knowledge, and the reality of thin markets rather than by floor plans. It demonstrates that integration is a practice, not just a co location strategy.

DSS should therefore prioritise evidence of integrated, place based practice (shared planning, warm referrals, joint work with families, community mobilisation) rather than treating physical co location as a primary indicator of integration. In small communities, mandatory co location can create confidentiality and safety risks, and can be impractical where suitable infrastructure does not exist.

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

This is a worthy priority. Noting that community needs often extend beyond the scope of the two outcomes regarding parenting and child wellbeing, to include issues such as food security, housing, mental health, and safety from violence.

Priority 4: Improve outcomes for First Nations children and families by increasing the number of ATSI community-controlled organisations delivering supports in locations with high First Nations populations.

Improving outcomes for First Nations children and families should be a priority, and continued strengthening of ACCO’s is a part of this. Ensuring Aboriginal families have access to responsive and effective services that meet their needs is important.

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

Wider community wellbeing where people without young children can be heard and access services. The whole community contributes to raising children, and community cohesion, economic participation and social inclusion all affect children's outcomes.

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?

The focus areas match a part of the needs or priorities of our service. Our offering extends to a wider audience including family or community members who do not have young children but may need support with wellbeing or life transitions in some way.
With greater flexibility in reporting and service delivery our priorities of service could easily be adapted to incorporate the proposed focus areas.

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

Key groups and approaches that warrant explicit consideration include:
Young people transitioning from statutory care, who often disengage from formal systems at 18 but still require psychosocial support and relational scaffolding into independence. Many of them return to family which presents challenges to the household. FaRS style services are well placed to support care leavers and help manage the impact on household dynamics and prevent escalation.
Families experiencing complex trauma, disability, poverty or intersectional disadvantage, including CALD communities and LGBTQIA+ people.
Community development and community mobilisation approaches that build local leadership, shared problem-solving and culturally appropriate solutions.

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

Co-location can be financially expensive and ineffective, services who are co-located may be disconnected or operate in silos. Collaboration of services (including communication) and a shared understanding of community need and solutions are important in connecting and co-ordinating services for families.
Effective approaches include:
Strong interagency networks and regular case discussions that build trust, clarify roles, and streamline referral pathways.
Shared care planning, warm handovers, and formalised collaboration agreements, including with health, education, housing, justice and specialist FDV services.
These relational and practice-based forms of integration can be more effective and less risky than co-location alone, particularly where privacy, safety or infrastructure constraints exist. In remote NT communities where services must

operate as de facto hubs, these integration practices are particularly important regardless of physical location.

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?

In a grant process, key indicators that a service is genuinely connected to its community could include:

• Demonstrated understanding of local strengths, challenges and priorities, including evidence of community consultation and co design.

• Strong service utilisation, positive feedback, and outcomes data showing meaningful change for participants.

• Place-based staffing reflective of the local population, established infrastructure, and longstanding relationships with local services and community leaders.

Assessment criteria should also consider the detrimental impact on communities if established, trusted providers are defunded, especially in rural and remote areas with thin markets.

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

In addition to locational disadvantage, the department should consider:

Food insecurity and the high cost of basic goods, which directly affect family stress and children's capacity to learn and thrive.

The prevalence of "unidentified" participants due to privacy concerns or reluctance to share personal data, particularly in small or remote communities.

The presence of embedded, place-based providers that have built trust and are already part of the community fabric.

The department can assist by sharing relevant data assets with providers to support evidence-based needs assessments and grant applications.

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

Useful evidence in applications includes:

• Consistently high and appropriate service utilisation

• Their connection to and engagement with the community

• Satisfaction surveys and qualitative feedback showing that services are accessible, culturally safe and valued.

• Demonstrated outcomes (quantitative and qualitative), regular review cycles with community input, and documented service adaptations where current approaches

are not meeting agreed goals.
• How services value add through community development activities

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

Design features that could support ACCO participation, while recognising local preferences and capacities, include:
• Information about the grant process in plain language
• Dedicated investment in ACCO governance, compliance, and tender-writing capacity, including funding for organisational development over time.
• Incentivising genuine partnerships between ACCOs and non ACCOs, joint ventures, auspice or grandfathering arrangements that support continuity for families.

15. 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 include:
• Recognition and responses to food insecurity and how this impacts on behaviour and wellbeing.
• A strong early intervention focus on FDV reduction, recognising its central role in poor outcomes and intergenerational trauma.
• Community led mobilisation where communities identify priority issues and design culturally and contextually appropriate responses, supported by place-based local staff.
• A requirement or target for employing local Aboriginal staff in direct service and leadership positions which will help ensure services are grounded in local knowledge and relationships.
• Place based service models

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

Data that would be particularly useful includes:
• Participant satisfaction and experience data.
• Outcome measures tracking changes in FDV incidence, school attendance and learning, workforce participation, and use of mental health medications.
• Where feasible, linkage to longitudinal datasets and trend data could further strengthen understanding of long-term impacts.
• Benching marking against certain data sets

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?

To demonstrate impact, valuable information includes:
Case examples and "good news" stories showing improved wellbeing, relationships and developmental milestones, ensuring de identification and respect for privacy.
Participant surveys, outcome data and evidence of strong partnerships with key local stakeholders such as schools, clinics, police, housing and other community organisations.

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

For the services delivered, the most relevant SCORE Circumstances domains are:
- Family functioning
- Mental health, wellbeing and self-care
- Personal and family safety
- Material wellbeing and basic necessities

These domains align well with both the evidence base and the outcomes already demonstrated through existing FaC programs.

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

Useful templates would:
Identify key domains of wellbeing and outcomes to report against, while allowing narrative space to explain context and complexity.
Allow the inclusion of de-identified photographs or other visual elements that help bring the story and quantitative data to life, with explicit guidance on consent and privacy.

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

In practice, a relational contracting approach means:
Ongoing, structured dialogue between the department and providers about context, local conditions, risks and emerging needs, not just formal reporting.
Space to discuss what is working well, including unintended positive outcomes, and to adjust delivery accordingly within agreed outcomes and parameters.
A mix of output/outcome reporting and relational mechanisms that provide both accountability and flexibility.

Relational contracts should codify shared commitment to key outcomes, transparency, risk identification, and collegial problem-solving, while recognising and managing the inherent power imbalance between funder and provider.

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

Relational contracts are likely to work best where:
• The organisation opts in and is willing to invest time and resources in relationship-building and joint problem-solving.
• There is a proven track record of effective service delivery, strong community connections, sound governance and responsible stewardship of public funds.
• There is an existing relationship with the department that can be deepened, rather than starting from a purely transactional base.
Consideration should also be given to continuity of Funding Arrangement Managers to maintain corporate memory and support genuine relationships over time.

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

Yes, we are interested in a relational contracting approach because it aligns with working in partnership to understand community needs and co design responsive, locally appropriate solutions. In the Northern Territory context in particular, relational contracting offers a mechanism for the department to better understand the unique geographic, cultural and logistical realities of service delivery in remote and very remote communities.

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

The department should carefully consider the risk of disruption to communities if effective, embedded providers are defunded and replaced via competitive tendering. Abrupt changes can lead to service gaps, loss of trust, retraumatisation as families re tell their stories and, ultimately, disengagement from essential supports.
In many NT communities, CatholicCare NT has been a stable presence for decades. Abrupt loss of trusted providers through competitive tendering can retraumatise families who must re tell their stories, damage hard won trust, and lead to disengagement from essential supports.
Open competitive processes should be balanced with non competitive or modified approaches in thin markets and remote areas, to avoid unnecessary disruption.

Overall, the transition timeline and implementation approach should prioritise continuity, collaboration and genuine partnership with providers and communities.