



Centacare

Response to

Department of Social Services'

*A New Approach to Programs for Families and
Children Proposal*

December 2025



Our vision Communities will be built on justice and transformed through faith, hope and love.

Our mission To provide high quality care services to support people, strengthen families and build communities in the spirit of the Gospel.

Our Values Respect for the dignity of the individual Integrity in the delivery of our care services Equity and justice for those we support.

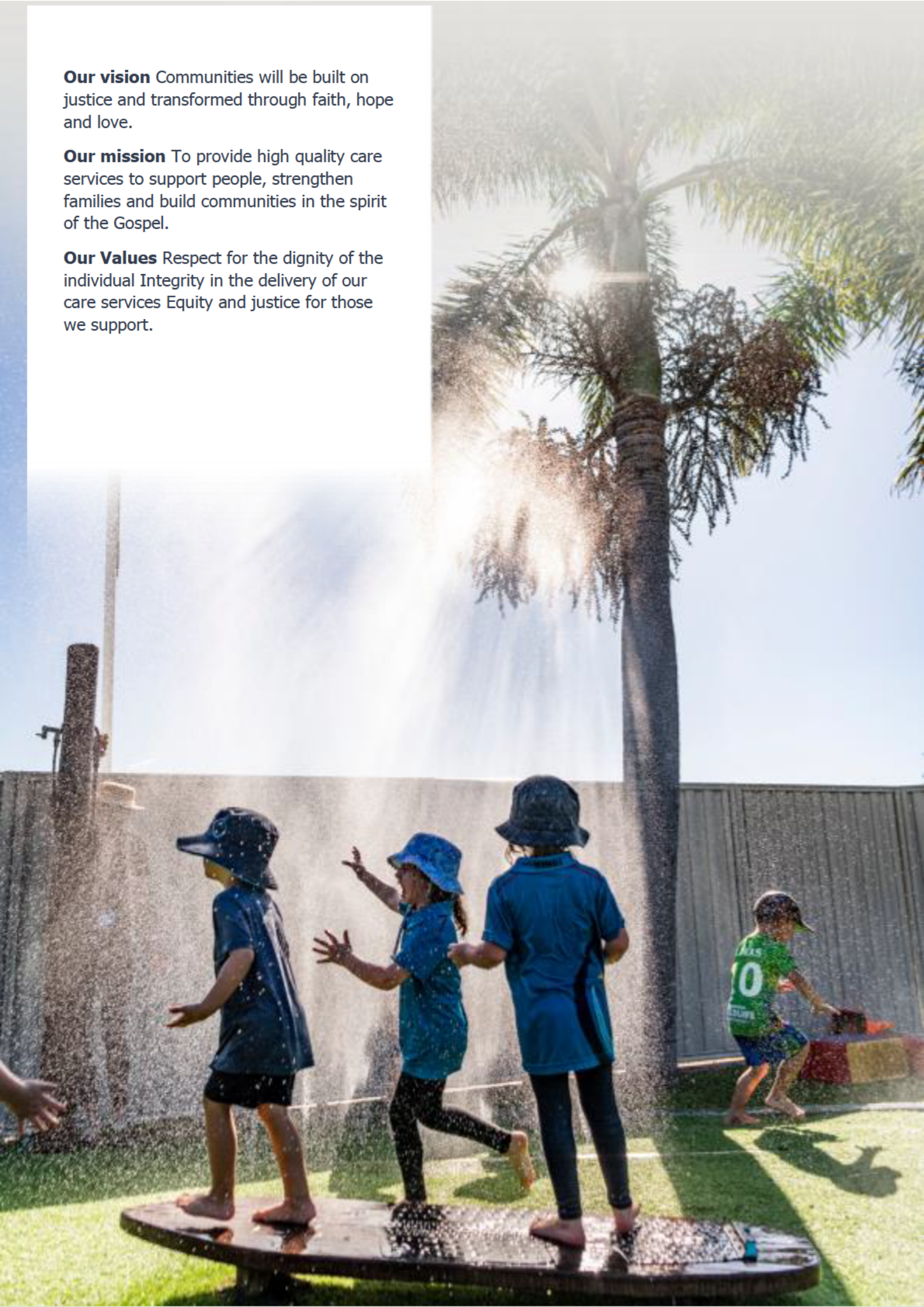


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Acknowledgement of country

We respectfully acknowledge the Traditional Custodians of the lands which the Archdiocese of Brisbane is located, and we pay our respects to their Elders, past and present. We acknowledge the Traditional Custodians who have walked and cared for this land for thousands of years and their descendants who maintain their spiritual connections and traditions. We thank them for their continual cultural and spiritual connection to Country as expressed through their history, music, language, songs, art and dancing.

EXECUTIVE SUMMARY

Centacare welcomes the reform of the Commonwealth's Families and Children Activity and supports the Department of Social Services' intention to simplify program structures, strengthen early intervention and deliver a more coherent, flexible national framework. The consolidation of five existing programs into a single outcomes-focused model presents a significant opportunity to improve service integration, reduce administrative burden and ensure that families receive timely, appropriate and holistic support.

Centacare agrees in principle with the direction of the reform. The organisation sees strong potential for the proposed model to address longstanding inefficiencies in the current system, particularly the fragmentation created by multiple contracts, inconsistent performance requirements and rigid program boundaries. Centacare also supports the move toward longer-term funding, the aspiration for greater flexibility across activity streams and the conceptual shift toward relational contracting, provided these mechanisms are implemented with clarity, co-design and strong operational safeguards.

However, Centacare identifies several critical risks that must be addressed. The proposed outcomes framework is too narrow and does not recognise the essential role of adult relationships, extended family systems or specialist therapeutic interventions in preventing harm and building long-term family stability. The reform is heavily child-centric, and does not adequately reflect the diversity of contemporary families, including childless couples, older couples, blended families, kinship carers and adult children with ageing parents. These groups form a substantial proportion of Centacare's client base and play a critical role in prevention and early intervention.

Centacare is also concerned that system fragmentation remains a significant risk. The FaC reform is occurring alongside major, unaligned reforms across the Attorney-General's Department, State domestic and family violence systems and early childhood policy. Without strong coordination, vulnerable families may experience duplicated reporting, contradictory pathways and service gaps.

While Centacare supports the strengthening of Aboriginal Community Controlled Organisations, the proposed prioritisation may unintentionally limit client choice for First Nations families who prefer mainstream services for privacy or safety reasons. Genuine self-determination requires the freedom to choose a trusted provider.

Centacare also remains cautious about relational contracting without clear definition. Without boundaries and collaborative design, relational contracting could increase administrative burden and blur the distinction between government and provider roles.

Centacare therefore makes seven key recommendations: the addition of a third outcome recognising relationships and family wellbeing; broader definitions of family; preservation of First Nations client choice; clear boundaries for relational contracting; government-provided community-level data; strengthened cross-agency coordination; and explicit protection of specialist services including domestic and family violence therapeutic work and relationship counselling.

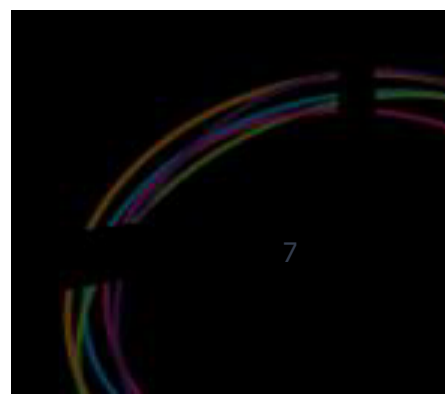
Centacare stands ready to work collaboratively with the Department to refine and strengthen the proposed model.

INTRODUCTION

1. Centacare welcomes the opportunity to respond to the Department of Social Services' consultation on reforms to Commonwealth-funded programs for families and children. This reform is one of the most significant shifts in national family support policy in more than a decade. It represents an ambitious attempt to redesign a system that has become increasingly fragmented and difficult for both families and providers to navigate. Centacare provides this submission to support the development of a model that is streamlined, outcomes-oriented and capable of addressing the real needs of contemporary families.
2. Centacare operates as one of Queensland's largest and longest-standing providers of family and relationship services. Across metropolitan, regional and rural communities, Centacare supports individuals, couples, kinship networks and extended families. These supports include relationship counselling, domestic and family violence intervention, mental health responses, pre-marriage and early relationship education, intergenerational family work and crisis interventions. Families present in a variety of circumstances, from early relationship stress through to complex trauma. This breadth of practice provides Centacare with a deep understanding of the full spectrum of family needs, including those not readily captured in a child-centred framework.
3. The reform also occurs in a broader policy environment where multiple Commonwealth and State initiatives are being redesigned simultaneously. These include the Attorney-General's Department's family law reform process, the Commonwealth's Thriving Kids initiative and major State-led reforms in domestic and family violence. Without strong coordination, these overlapping reforms risk creating duplication and confusion for families. Centacare believes this context makes it even more important that the new Families and Children model is designed with clarity, flexibility and inclusiveness.
4. Centacare supports the intent of the reform and shares the Department's commitment to early intervention, prevention, cultural safety and improved outcomes for children and families. At the same time, Centacare considers it essential that the new program reflects the diversity of family structures, protects access to specialist services and incorporates practical safeguards to ensure that relational contracting and commissioning arrangements are implemented in a way that supports, rather than complicates, service delivery.
5. This submission outlines the opportunities presented by the reform and the amendments required to ensure the program strengthens, rather than narrows, the support available to families

ABOUT CENTACARE AND OUR ROLE

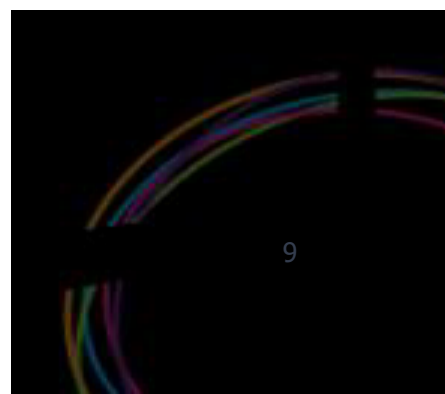
6. Centacare is one of Queensland's largest and most established providers of family, relationship, mental health and community support services. Operating within the mission and values of the Catholic Archdiocese of Brisbane, Centacare has delivered social services for more than sixty years and continues to play a central role in supporting individuals and families across metropolitan, regional and rural communities. Guided by a commitment to dignity, inclusion and social justice, Centacare's work is grounded in the belief that strong, safe and healthy relationships are foundational to personal wellbeing and community resilience.
7. Centacare delivers a broad suite of programs that directly align with the objectives of the Families and Children Activity. These include Family and Relationship Services (FaRS), Family Mental Health Support Services (FMHSS) and Specialised Family Violence Services (SFVS). Through these programs, Centacare provides support to families at every stage of life and across a wide range of presenting concerns, from early relationship education to complex therapeutic responses for families experiencing crisis, trauma or domestic and family violence. Centacare's services extend beyond traditional family structures and encompass individuals, couples, kinship groups, extended families and intergenerational networks.
8. The organisation's Family and Relationship Services portfolio provides counselling and therapeutic interventions to couples and families seeking support for relationship breakdown, conflict resolution, communication difficulties, separation, co-parenting, grief, trauma and significant life transitions. These services include specialised interventions for couples in the early stages of their relationship, including pre-marriage and relationship education programs that support long-term relational stability. Centacare also works with older couples, childless couples, families navigating blended or non-traditional structures and adult children with ageing parents, ensuring that all family relationships are recognised and supported.
9. Centacare's Family Mental Health Support Services program provides early intervention support for children, young people and families experiencing mental health challenges. This work includes individual assistance, group programs, school-based interventions and coordinated responses for families navigating complex social, emotional and developmental concerns. These supports are delivered in close collaboration with local schools, health services, community organisations and family networks, reflecting Centacare's commitment to holistic, community-centred care.



10. Centacare also delivers specialist Domestic and Family Violence services, with a focus on trauma-informed therapeutic support, safety planning, risk assessment and support for rebuilding healthy and safe relationships. These services assist adults experiencing violence, couples navigating DFV dynamics and families affected by intergenerational trauma. Centacare's DFV practitioners work closely with local community agencies, housing providers, legal services and child protection systems to ensure coordinated and culturally responsive support.
11. The breadth of Centacare's service delivery provides the organisation with a unique understanding of the complexity of family life and the importance of supporting adults, couples and extended families as part of long-term prevention and wellbeing strategies. Centacare's practice demonstrates that relationship support, even in the absence of children, can play a critical role in preventing future harm, reducing DFV risk, strengthening community cohesion and fostering stability for families who may become caregivers or parents in the future.
12. Centacare employs a multidisciplinary workforce of counsellors, psychologists, social workers, family therapists, case managers and DFV specialists. Staff receive ongoing training in trauma-informed practice, cultural capability, child and family wellbeing, and evidence-informed therapeutic approaches. Centacare maintains strong relationships with regional and local service networks, Aboriginal and Torres Strait Islander communities, schools, parishes and specialist services across Queensland.
13. Centacare's experience across multiple domains of family support positions the organisation as a credible and informed contributor to the future design of Commonwealth family services. Its operational footprint, strong community presence and deep understanding of diverse family presentations ensure that Centacare is well placed to identify both the opportunities and the risks inherent in the proposed reforms and to offer constructive recommendations for shaping a system that supports all families to thrive.

SUPPORT IN PRINCIPLE FOR REFORM INTENT

14. Centacare supports the overarching intent of the Commonwealth's proposed reform to create a single, streamlined program for families and children. The consolidation of five existing program streams into a unified national framework represents an important opportunity to reduce fragmentation, improve simplicity and consistency for providers and enable families to navigate services with greater ease. Centacare acknowledges that the existing program architecture has, over many years, evolved into a complex mix of funding arrangements, reporting mechanisms and eligibility rules that do not always align with the way families experience challenges or seek support. The reform proposal provides a necessary platform for addressing these longstanding structural issues.
15. Centacare supports the reform's explicit focus on prevention and early intervention. Families often present for support only when difficulties have escalated or when they are already in crisis. Centacare welcomes the Commonwealth's shift toward earlier, more proactive forms of support that can strengthen relationships, improve family functioning, reduce risk and prevent the need for more intensive and costly interventions down the track. The organisation also supports the intention to invest more consistently in evidence-informed practice and to strengthen capability across the sector.
16. Centacare endorses the emphasis on integrated and holistic service delivery. Families rarely present with a single, isolated issue; rather, the concerns raised in counselling, DFV services, mental health support and family relationship programs are deeply interconnected. The reform's vision to promote more connected, co-located and integrated services aligns closely with Centacare's existing service model, where multidisciplinary teams work together to support families across multiple domains. The organisation is encouraged by the Commonwealth's recognition that better outcomes require systems that reflect the complexity of family life rather than siloed programs.
17. Centacare strongly supports the proposed move toward longer-term funding arrangements. Multi-year contracts improve workforce stability, strengthen practitioner capability, reduce administrative turnover and promote long-term planning. Short-term contracts and frequent recommissioning cycles have historically made it difficult for organisations to retain skilled staff, invest in innovative practice and build sustained relationships with local communities. Five-year funding arrangements will enable greater consistency in service delivery and allow for more strategic, evidence-based improvements.



18. Centacare also supports, in principle, the conceptual shift toward more flexible contracting mechanisms, including relational contracting. The organisation acknowledges that the Commonwealth's intent is to allow for greater adaptability, more collaborative problem-solving and a stronger focus on outcomes rather than activity-based compliance. While Centacare has identified operational risks that must be addressed, the organisation recognises the potential for a more dynamic partnership between government and providers if relational contracting is implemented with clear boundaries and strong sector engagement.
19. More broadly, Centacare supports the reform's alignment with national commitments to cultural safety, Closing the Gap and improved outcomes for First Nations families. The organisation shares the goal of ensuring all families have access to culturally safe, responsive and community-led supports and acknowledges the vital role of Aboriginal Community Controlled Organisations in achieving this.
20. In summary, Centacare supports the direction and intent of the reform. The organisation believes the Commonwealth has taken a necessary and positive step toward designing a more coherent, flexible and outcome-focused system for families and children. The remaining sections of this submission outline the specific opportunities, risks and recommendations that Centacare considers essential for ensuring that the reform's potential is fully realised without unintended negative consequences.

OPPORTUNITIES

21. Centacare recognises that the reform presents several significant opportunities to strengthen service delivery, enhance system cohesion and improve outcomes for families and communities. These opportunities are contingent on the reform being implemented in a manner that is both principled and practical, with clear attention to the realities of service delivery across metropolitan, regional and rural contexts. The subsections below outline the key opportunities the organisation has identified.

Reduced Administrative Burden

22. The consolidation of multiple program streams into a single national program offers a meaningful opportunity to reduce the administrative burden currently placed on providers. Under the existing framework, Centacare manages separate funding agreements, distinct performance measures and multiple reporting cycles, even when services operate within the same team or support the same client group. These administrative complexities divert time and resources away from frontline work and create inefficiencies within program management.
23. A unified contract structure, coupled with simplified reporting requirements, would allow providers to focus more heavily on service quality and client engagement. Centacare anticipates that one contract, one set of performance requirements and one reporting framework will enable a more efficient allocation of staff time, reduce duplication across internal systems and ultimately strengthen the responsiveness and capacity of frontline services. The organisation supports DSS's stated intention to streamline grant requirements and reduce unnecessary administrative processes, noting that simplicity in contracting is essential to achieving the overarching goals of the reform.

Flexibility Across Program Buckets

24. The reform's shift toward a more flexible funding model represents a significant improvement over the current system, which often restricts providers from transferring resources between program areas even when emerging need is clear. Centacare frequently encounters scenarios where demand in one area of service exceeds available capacity, while another program has underutilised funding tied to overly prescriptive contractual rules.

25. Greater flexibility across program buckets would allow providers to adjust service profiles in real time, responding to the patterns of demand *actually* presenting in communities. This flexibility would allow Centacare to strengthen support for families experiencing sudden or acute need, for example, surges in domestic and family violence, shifts in local economic conditions or increased demand for counselling following community trauma. A flexible model would also support the design of more tailored responses in rural and remote areas where small population sizes require adaptable approaches. Centacare sees this as one of the most promising aspects of the reform.

Holistic Service Models

26. The proposed reform offers Centacare a valuable opportunity to strengthen holistic service delivery. Families do not experience challenges in isolation; relationship conflict, parenting stress, mental health concerns and domestic and family violence frequently intersect and require coordinated, multifaceted responses. The current program structure, which separates funding streams according to service type, can unintentionally fragment support and complicate pathways for families seeking help.
27. A unified program, built around prevention and early intervention, provides the foundations for more integrated care. Centacare already operates multidisciplinary teams in many locations, where DFV practitioners, relationship counsellors, mental health workers and family therapists collaborate to meet the needs of families as a whole. The reform's structure would support and expand this approach, enabling smoother transitions between service types and reducing the burden on families to navigate multiple systems. In Centacare's experience, holistic models significantly increase engagement, reduce drop-out rates and improve long-term outcomes.

Relational Contracting could Allow Dynamic Adaptation

28. Centacare acknowledges the significant potential of relational contracting to create a more collaborative and adaptive relationship between government and service providers. In principle, relational contracting aligns with contemporary best practice in public administration, where funders and providers jointly identify emerging needs, agree on adjustments and respond flexibly to changing community conditions. This dynamic approach contrasts favourably with traditional contracting models that lock service parameters in place for the life of the agreement.

29. If implemented effectively, relational contracting could allow Centacare and DSS to co-design service responses when unforeseen pressures arise, avoid service delivery gaps, and refine program settings without the need for renegotiating contracts or waiting for recommissioning cycles. The approach could also support innovation by removing the constraints that currently prevent providers from trialling new methods or responding swiftly to local challenges.
30. Centacare's support for relational contracting is contingent on the model being clearly defined, collaboratively developed and grounded in mutual respect for the roles of government and providers. With strong safeguards and clear boundaries, relational contracting could become a central mechanism for driving continuous improvement and enhancing the quality of support available to families.

CONCERNS AND RISKS

31. While Centacare supports the overall direction of the reform, the organisation has identified several substantial concerns that must be addressed to ensure the new program is equitable, effective and sustainable. These concerns are grounded in Centacare's extensive practice experience and reflect similar issues raised across the sector. If these risks are not carefully managed, the reform may inadvertently undermine core elements of family support, reduce access for some groups and increase system complexity.

Outcomes Framework is Too Narrow

32. Centacare is concerned that the outcomes framework, as currently proposed, is too narrow to capture the full scope of family support needs. The two outcomes focus exclusively on child wellbeing and parental capability. This leaves no space for recognising the critical role of adult relationships, relational health or broader family functioning. A significant portion of Centacare's service delivery – including relationship counselling, pre-marriage education, adult-to-adult conflict resolution, and domestic and family violence therapeutic work – cannot be meaningfully mapped against solely child-focused outcomes.
33. If the outcomes framework remains limited to child-centred constructs, these essential services risk becoming invisible within the new program structure. Over time, this could lead to reduced funding, loss of specialist workforce capability and diminished capacity to undertake preventative work that stabilises families long before children are present or involved.

Overly Child-Centric

34. The reform's conceptual framing assumes that families seeking support will have children in their care. However, Centacare's client base reflects a far broader and more complex reality. Families frequently present without children, including older couples seeking support after decades of partnership, couples preparing for future parenting, adult children and ageing parents navigating relational conflict and kinship structures that do not involve dependent children.
35. A model that defines family outcomes solely through the lens of child wellbeing risks excluding these cohorts entirely. The narrow focus fails to acknowledge that strengthening adult relationships is itself a critical form of early intervention that prevents domestic and family violence, supports future child safety, and contributes to healthier community functioning. Centacare urges DSS to recognise the diversity of contemporary families and avoid designing a system that unintentionally sidelines adults whose relational wellbeing is central to long-term family health.

Specialist Service Integrity

36. Centacare is concerned that the reform may unintentionally marginalise specialist services that fall outside a strict child-focused framing. These include relationship counselling, pre-marriage and early relationship education, post-separation counselling, intergenerational family work and therapeutic domestic and family violence services for adults. These programs play a critical preventative role and often form the first point of intervention before more severe issues escalate into child protection, homelessness or DFV crisis responses.
37. Without explicit recognition of specialist adult services within the program design, there is a substantive risk that these offerings will be deprioritised or rendered ineligible under the new funding model. Loss of these services would not only reduce support options for families but would also undermine the Commonwealth's objectives of prevention, early intervention and long-term family resilience.

System Fragmentation

38. Centacare notes that the FaC reform is occurring concurrently with multiple other major reforms across Commonwealth and State portfolios, including the Attorney-General's Department's redesign of family law services, national DFV reform initiatives and the Thriving Kids developmental support program. These reforms are not currently aligned, and there is no clear mechanism for ensuring consistency across them.
39. This fragmentation risks creating overlapping pathways, contradictory reporting requirements and confusion for clients who already struggle to navigate a complex service environment. Vulnerable families may fall through gaps created by the misalignment of program objectives, commissioning cycles and outcomes frameworks. Centacare emphasises that system integration must be a deliberate design feature of the reform, not an assumed by-product.

ACCO prioritisation risks reducing client choice

40. Centacare fully supports the strengthening of Aboriginal and Torres Strait Islander Community Controlled Organisations (ACCO) and the Commonwealth's commitment to Closing the Gap. However, the reform's current framing, which prioritises ACCO-led delivery in areas with significant First Nations populations, raises concerns about client choice and service access.

41. Many First Nations clients accessing Centacare services opt to do so because they prefer the privacy, confidentiality and neutrality offered by a mainstream provider, particularly in small or closely connected communities. Funding arrangements that strongly favour ACCO-only delivery may unintentionally restrict access for clients who, for reasons of safety or personal preference, do not wish to engage with local community-controlled organisations. Centacare believes that genuine self-determination includes the right to choose the provider that feels most culturally, emotionally and personally safe.

Relational Contracting is Under-Specified

42. Centacare is supportive of relational contracting in principle but is concerned that the model remains significantly under-specified. The reform proposal provides limited detail on the boundaries, governance structures or decision-making mechanisms that will underpin these contracts. Without clarity, relational contracting risks blurring the distinction between the roles of funder and provider.
43. There is a real risk that relational contracting may inadvertently enable government overreach into service design, operational decision-making and therapeutic practice. Ensuring that relational contracting enhances flexibility without increasing administrative burden will require explicit co-design with the sector and the establishment of safeguards that preserve provider autonomy and professional expertise.

RECOMMENDATIONS

Introduce a third outcome recognising relationships, family wellbeing and adult-focused interventions

Centacare recommends the inclusion of a third core outcome focused on relational health, family functioning and adult wellbeing. This outcome should explicitly recognise the role of adult relationships, extended family systems and non-child-related interventions in preventing harm and building long-term family stability.

A third outcome would ensure that relationship counselling, pre-marriage education, adult domestic and family violence therapeutic work and intergenerational family support remain eligible within the new program. Without this, essential preventative services may become marginalised or unfunded due to their indirect relationship with child-focused measures.

Adopt Flexible Definitions of Family

Centacare recommends that the program adopt a broad and inclusive definition of “family” that reflects the diversity of contemporary Australian households. This definition should recognise:

- couples without children
- older couples
- blended and non-nuclear family structures
- kinship care arrangements
- adult children and ageing parents
- intergenerational households
- extended family networks

A flexible definition will ensure that the program does not inadvertently exclude families who rely heavily on relationship support, conflict resolution and therapeutic intervention, even when children are not directly involved.

Preserve Client Choice for First Nations Families

Centacare strongly supports the growth and leadership of Aboriginal Community Controlled Organisations. However, genuine self-determination requires that First Nations families retain the right to choose the provider they feel safest with.

Centacare recommends that commissioning guidelines:

- explicitly preserve client choice
- encourage collaborative partnership models between ACCOs and mainstream providers

- avoid hard tender boundaries that restrict Aboriginal and Torres Strait Islander families from accessing mainstream services when they prefer them
- recognise privacy and confidentiality needs in small or closely-connected communities

This approach supports ACCO leadership while preserving equitable access to trusted, culturally safe service options.

Establish Clear Boundaries for Relational Contracting

Centacare recommends that relational contracting be co-designed with the sector and supported by explicit guidelines that delineate the respective roles of government and providers. This should include:

- clear boundaries preventing government overreach into therapeutic practice or operational decision-making
- governance structures that promote shared problem-solving without compromising provider autonomy
- transparent change processes that ensure adaptations are jointly agreed
- proportionate reporting requirements that do not increase administrative burden

These safeguards are essential to ensure relational contracting strengthens, rather than complicates, service delivery.

Provide Government-Owned Community Data

Centacare recommends that DSS commit to collecting, analysing and distributing key community-level data sets, including demographic, socio-economic and child protection indicators, rather than placing this responsibility on providers. Community-level data is not consistently accessible, particularly in regional and remote areas, and requiring providers to supply such data disadvantages smaller organisations.

Government-provided data would ensure equity in the tender process, improve consistency in needs assessment and reduce duplication across the sector.

Strengthen Cross-Agency Coordination

Centacare recommends that the Commonwealth establish structured coordination mechanisms to align DSS reforms with parallel initiatives across the Attorney-General's Department, State domestic and family violence systems and the Thriving Kids initiative.

A coordinated approach would reduce fragmentation, limit conflicting reporting requirements and ensure more coherent pathways for families navigating multiple systems. Centacare urges DSS to work collaboratively across portfolios to ensure consistent outcomes frameworks, complementary commissioning timelines and integrated service expectations.

Protect Specialist Services

Centacare recommends that the new program explicitly recognise and protect specialist services that are currently funded within the FaRS and SFVS programs. These include:

- relationship counselling
- premarriage and early relationship education
- adult domestic and family violence therapeutic services
- intergenerational relationship interventions
- complex family systems work

These services underpin long-term prevention, reduce future DFV and child protection involvement and support family resilience. Explicit recognition within guidelines and contracts is essential to ensure their continued availability under the consolidated program.

CONCLUSION

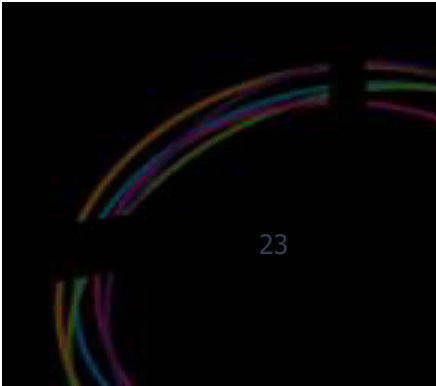
44. Centacare welcomes the opportunity to contribute to the reform of Commonwealth-funded family and children's services and acknowledges the ambition underpinning the Department's proposed new program. The intent to simplify program architecture, strengthen early intervention and create more coherent pathways for families represents an important step toward a more effective national system. Centacare supports this direction and recognises the considerable potential for improvement if the reform is implemented with clarity, balance and a realistic appreciation of service delivery environments.
45. At the same time, Centacare emphasises that the success of the reform will depend on the Department's willingness to address several foundational issues identified in this submission. The proposed outcomes framework must be broadened so that it reflects the full reality of family life, including the vital role of adult relationships, extended kinship networks and specialist interventions that are essential to long-term prevention. Without this adjustment, the new model risks narrowing its focus to only one dimension of family wellbeing and excluding adults whose relational stability has direct implications for community safety and child outcomes.
46. Centacare also urges the Department to ensure that commissioning settings do not inadvertently reduce service access or client choice, particularly for First Nations families who may choose to engage with mainstream services for reasons of privacy, safety or personal preference. A genuinely inclusive system must preserve this freedom while continuing to strengthen Aboriginal Community Controlled Organisations where they are best placed to lead.
47. More broadly, the reform will only achieve its full potential if it is designed with a clear understanding of the wider policy landscape. With significant reforms underway across the Attorney-General's Department, State domestic and family violence systems and early childhood initiatives, there is a pressing need for intentional coordination. Alignment across portfolios is critical to avoiding fragmentation, preventing duplication and ensuring that families can move through support systems without encountering conflicting expectations or gaps in care.
48. Centacare recognises the promise of relational contracting but emphasises the need for clear role delineation, co-design and safeguards that protect provider autonomy. Flexibility must not come at the cost of increased administrative oversight or blurred operational boundaries. If relational contracting is to become a central feature of the new program, it must be implemented in a way that builds trust, supports innovation and respects the professional expertise of service providers.

49. Centacare stands ready to work collaboratively with the Department as the reform progresses. The organisation is committed to contributing constructively to the refinement of program guidelines, the development of commissioning processes and the design of implementation arrangements. With the refinements recommended in this submission, the new national program has the potential to deliver lasting benefits for children, adults, families and communities across Australia. Centacare looks forward to ongoing dialogue and partnership as the Department moves toward finalising the model and preparing for its transition.

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