Are you an individual or making a submission on behalf of an organisation?

Organisation

Organisation name

Centacare New England and North West

Is your organisation....?

- A provider currently funded under one or more of the 5 programs in scope for this consultation

What type of service or support do you mostly provide?

- Prevention or early intervention services
- Intensive family supports

What state or territory does your organisation deliver services and supports in?

- New South Wales

Where does your organisation deliver most of their services and supports?

Regional area

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

The vision statement in the Discussion Paper is a positive starting point but does not fully capture the vision of the programs funded by DSS. While we understand the intent to keep the vision statement concise, it is essential that this brevity does not result in exclusion or overlook key issues.

A national vision must reflect the vast geographical landscape and diversity of communities across Australia, including those in regional, rural, and remote areas where disadvantage is often compounded by limited access to services. The vision must also acknowledge the breadth of program areas it covers. For example, with the inclusion of family and domestic violence services in the proposed program merger, the right to a safe environment must be explicitly stated. This is not merely a matter of emphasis; it is necessary to ensure the vision does not inadvertently discriminate or ignore the foundational elements required for families and children to thrive.

To enhance the vision's relevance and inclusivity, we propose the following:

All families and children are supported through fair and equitable access to

education and support services across Australia, regardless of location. By building the capacity, skills, and confidence of parents and caregivers, we create strong families equipped to nurture resilient children, empowering every young person to thrive in a safe environment to reach their full potential.

This change is essential because approximately one in three Australians (33%), live outside major capital cities (ABS, 2021). Australia's vast geography means families and children in remote towns and farming communities face considerable barriers to accessing the same quality and range of services as those in metropolitan centres. If the vision is to be truly universal, it must acknowledge these disparities and ensure adequate resourcing to close the gap for regional and remote children and families.

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.

The two proposed outcomes represent broad goals that are appealing in principle. However, they are overly simplified and fail to capture the complexity of challenges faced by many families across Australia, especially those in regional, rural, and remote areas.

By distilling the vision into two high-level outcomes, the framework risks ignoring key social determinants, such as access to safe environments, cultural safety, and structural disadvantage, that fundamentally impact a family's ability to succeed. In doing so, it creates a risk of embedding further disadvantage into the system.

In particular:

• Safety is missing, there is no reference to children living in safe homes, despite one of the core merged programs being a family and domestic violence service.

• Place is ignored, one third (33%)of Australians live outside major cities, and outcomes should reflect the unique challenges they face.

• Equity is missing, one third (33%)of Australians live outside major cities, and outcomes should reflect the unique challenges they face. There is no explicit reference to closing the equity gap in access and opportunity for families and children living in regional, rural, and remote communities. During the regional town hall, the speaker referenced Minister Plibersek's vision that all children should have the same opportunities. To achieve this, the Department must recognise that not all families begin on an equal playing field, and reforms must prioritise those facing the greatest structural barriers.

• In the Brisbane Town Hall, it was raised that the intention is to build a set of sub-outcomes from these 2. Our request is that these sub outcomes consider:

• Safety is a core pillar of family wellbeing.

- The needs of rural, remote and Aboriginal and Torres Strait Islander communities are not sidelined.
- Outcomes align with the reality that access to support must be place- and context-specific.

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

Centacare NENW supports the introduction of a single national program, recognising the opportunity it presents to enhance service flexibility and integration across Australia.

As a large regional NGO delivering a diverse portfolio of programs across 21 regional and rural communities, we see significant value in a consolidated program model. It offers the potential to reduce administrative burden, enhance continuity for clients, and enable more strategic allocation of resources in response to local priorities.

Currently, the fragmentation of program streams, each with distinct guidelines, reporting obligations, and reform timelines, creates unnecessary duplication, restricts innovation, and hampers our ability to deliver truly holistic, place-based responses. A unified national framework would allow services to be better integrated and more adaptive to families' needs across the life course.

One area that remains unclear is whether providers delivering across multiple streams under the proposed model will be required to manage separate contracts and reporting frameworks. If so, this would replicate the fragmentation of the current system and undermine the intent of a unified, streamlined model. Without alignment in contracting and reporting, the administrative burden on providers will remain high, and the opportunity for integration and innovation across service types will be lost.

The effectiveness of this model will depend on its design. It must:
- Provide flexibility in program design and delivery at the local level;
- Include safeguards to ensure regional and smaller providers can meaningfully participate;
- Uphold a commitment to equitable access across metropolitan, regional, rural, and remote communities.

We also note several important omissions in the discussion paper. The Department's own 2024 Evidence Paper found that children with disability were significantly less likely to access services such as CaPS and CfC FP (though more likely to access FMHSS), and CALD families were 40% less likely to access services across all three programs. Additionally, the absence of explicit reference to family violence, poverty, and mental health in the proposed design is concerning, given their well-documented impact on child and family well-being.

To deliver on the intent of this reform, the program must ensure that these critical

factors are embedded in both the funding model and the service delivery architecture.

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?

Centacare NENW delivers four programs under the current model and these align with all three funding streams. However, the design and implementation of these streams must ensure they reflect the unique needs of regional, rural and remote communities, both now and into the future.

Centacare NENW delivers a range of DSS-funded programs including:
• Children and Parenting Support (CaPS),
• Specialised Family Violence Services (SFVS),
• Family Mental Health Support Services (FMHSS) including school-based supports, and
• Family and Relationship Services (FaRS), which includes parenting education and family counselling.

These programs already sit across prevention, early intervention and targeted supports and therefore conceptually align with the proposed structure.

However, it is critical that:
• Flexibility is maintained to allow providers to respond to interconnected and compounding issues that families face (e.g., family violence and parenting stress),
• Cultural and geographical realities are considered, particularly where mainstream services are the only available provider in a region, and
• Continuity is preserved so families don't fall through gaps during periods of transition or reform.

The risk in oversimplifying program categories is the potential loss of nuance especially in services like FMHSS and SFVS, which require a trauma-informed, place-based lens to be effective. The future streams must not inadvertently fragment service delivery or reduce access to wraparound support in small and rural communities.

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

Approximately one in three Australians (33%) live outside major capital cities (ABS, 2021), with regional, rural and remote communities spanning vast and diverse areas across the country. For example, the footprint of Centacare NENW is equivalent to the size of Tasmania and includes rural towns and regional centres such as Tamworth and Armidale, which are home to growing and culturally diverse

migrant communities. Delivering effective support to these populations requires targeted investment and flexible program design.

To ensure this reform delivers equitable outcomes, funding models must reflect the realities of service delivery in regional and remote communities:
• Service reach and infrastructure costs: Outreach across large distances significantly increases expenses related to travel, staffing, and maintaining place-based infrastructure when co-location is not available.
• Diverse community needs: Towns such as Tamworth and Armidale host vibrant multicultural populations, while most towns include high numbers of Aboriginal and Torres Strait Islander families. Tailored approaches are essential to meet local needs.
• Access and equity: Without weighted funding models, reforms risk unintentionally excluding the very families and children who need support most.

To address these challenges, tiered or loading-based funding mechanisms should be adopted, similar to those used in other government programs such as:
• Disability Employment Services (DES)
• Job Services Australia (JSA)
• Staying Home Leaving Violence (SHLV)
These models incorporate regional or complexity-based loadings to account for geographic and community-based service delivery challenges.

Another important consideration for future reforms is the ability for providers to purchase assets under DSS funding. Currently, asset purchases are restricted, despite staff in regional and remote areas often being required to travel over three hours to reach the communities they support. This places a considerable financial burden on providers and for some, compromises the long-term sustainability and safety of service delivery.

Allowing limited and strategic investment in assets would enable innovative service models tailored to rural contexts. For example, adopting a mobile service centre model, similar to that used by Services Australia would allow organisations like Centacare NENW to bring services directly into remote towns, reducing barriers and improving outcomes. Asset flexibility would not only improve workforce safety and reduce fatigue-related risk, but also enable scalable, multi-service place-based responses aligned with the Government's vision for equitable access, regardless of postcode. A similar approach in this program would support

fair access, uphold equity principles, and enable regional providers to deliver high-quality, culturally safe services across diverse communities.

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

While we agree the four priorities are important, we believe the framework is missing several critical elements necessary to improve outcomes for all children and families, particularly those in regional, rural, and remote communities.

The priorities do not reference the need to address the gap in access and equity between metropolitan and non-metropolitan areas. Approximately one in three Australians (33%), live outside major capital cities (ABS, 2021), and yet the cost and complexity of service delivery in these regions is significantly higher. Without acknowledging and addressing this, the priorities risk entrenching disadvantage for families already facing the greatest barriers.

Further, the vision of co-located and integrated service delivery is not always feasible in rural and remote settings, where the scale of the community means there are limited publicly accessible venues large enough or appropriate for hosting multiple services.

In our 21 communities, we have delivered over 55,500 sessions flexibly, at schools, safe public spaces, local hubs where available, our offices, and, where appropriate and safe, via home visits. The way this pillar is currently worded will create disadvantage in some communities and remove the flexibility that this reform proposes to bring.

The priorities also fail to reference safety, a critical omission given that one of the existing programs in scope relates to family and domestic violence. Ensuring physical, emotional and cultural safety must be a foundational priority for any child- and family-focused investment framework.
We recommend the addition of:
• A specific priority addressing equitable access and regional inclusion,
• A focus on safety and wellbeing as foundational across all service types, and
• Flexibility in service delivery modes to accommodate geographic diversity e.g the 'mobile service centre' concept.

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

Yes. First, the department must prioritise equitable access to services for families and children in regional, rural and remote communities, where one in three Australians live (33%) (ABS, 2021). These communities face systemic disadvantage due to distance, service scarcity, and higher costs of service delivery. The current priorities fail to acknowledge the need for targeted investment and structural support to overcome these entrenched access barriers.

Second, safety is a fundamental prerequisite for thriving children and strong families, yet it is not explicitly referenced. Any strategy must recognise the centrality of safe homes, relationships, and communities, particularly as some of the programs under reform (e.g. Specialised Family Violence Services) are designed to respond to risk and trauma.

Finally, while the focus on co-located services is valuable in metropolitan areas, it is often not feasible in regional towns where the scale of the community means there are limited publicly accessible venues large enough or appropriate for hosting multiple services. Services here must remain flexible and mobile, including home visits, transport assistance, or school-based delivery.

Since commencing service delivery, we have delivered 40,516 program sessions in regional and rural towns and 55,500 program sessions in school-based or community settings.

These missing priorities, equity, safety, and service flexibility in regional contexts, are not optional enhancements. They are essential to ensuring that the reform process delivers on its promise for all children and families, not just those in well-resourced urban areas.

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?

Yes, the proposed focus areas listed under the streams address the current needs and priorities of our services. However, focusing solely on the statement in this question overlooks one of the key aims outlined on Page 1 of the DSS Discussion Paper:

'Fund a wide range of high-quality, evidence-informed services, from general community support to targeted help for children and families during times of crisis.'

Limiting the scope in this way risks neglecting a crucial component, the early intervention work that prevents families from ever reaching a point of child protection involvement.

Moreover, the proposed focus on "young parents" overlooks a significant cohort of families who also require support, including older first-time parents who may lack parenting skills, and grandparent or kinship carers who are raising children without

involvement from child protection systems. Recent data from the ABS Census (2021) shows that over 60,000 Australian children are being raised by grandparents, and not all of these arrangements are formal and the result of statutory removal. These families often go unsupported, particularly in regional areas where services are scarce. The age ranges of those who have access supports through Centacare NENW under the DSS programs are:

0-15 – 10,833
16-19 - 522
20-29 – 2,664
30-39 – 3,465
40+ - 2,204

In both the Regional and Brisbane Town Halls, early intervention programs were clearly acknowledged as critical—particularly in preventing children and families from reaching crisis points. Despite this, the current submission questions do not adequately reflect this focus. It is essential that the final program structure continues to value and support early intervention approaches that provide help before families reach acute need.

As long as these targeted early intervention services for all families and children are clearly considered within the sub-outcomes yet to be written, we believe the reforms can align with the needs of our service and the diverse communities we support.

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

es, there are several groups and approaches that are currently under-recognised but vital to strengthening family wellbeing, particularly in regional and remote communities.

Underserved Groups in Regional and Remote Communities

Families in regional, rural and remote communities face structural disadvantages that are not adequately addressed by metropolitan-focused models. These include limited access to transport, digital exclusion, workforce shortages, and high service delivery costs. One in three (33%) Australians live in regional or remote areas (ABS 2021), and failing to tailor programs to their realities risks reinforcing inequities. Within these areas, groups such as grandparent carers, families affected by seasonal employment cycles or weather (e.g., agriculture, wool and livestock), culturally and linguistically diverse (CALD) families in regional resettlement areas, and older carers with limited digital or system literacy require more targeted support, compounded by reduced access to healthcare and wrap-

around services due to high demand and a low level of available local services.

Community-Based, Flexible, Place-Based Approaches

Place-based approaches that empower community organisations to tailor delivery are essential. For example, co-located models may work in metropolitan centres, but in smaller towns where the scale of the community means there are limited publicly accessible venues large enough or appropriate for hosting multiple services, services are often delivered in schools, parks, or in the home. In some cases, our staff provide transport to families so they can attend appointments in regional centres a necessity, not a value-add. These realities need to be reflected in policy and funding decisions. The wording should specify that services may be connected, or co-located, or integrated. Including "or" avoids disadvantaging providers operating in communities where co-location is not achievable due to local conditions.

Wrap-Around and Relationship-Centred Practice

Rather than focusing narrowly on one issue (e.g., parenting or violence), many of the most effective programs in regional communities provide wrap-around support across domains like parenting, mental health, trauma recovery, relationships, education, and financial stress. This is particularly important where stigma prevents families from engaging in siloed services. Investing in trusted, holistic support models that meet people where they are (literally and relationally) is essential to long-term wellbeing.

Recommendation

We recommend that the department explicitly acknowledge the diversity of family contexts and ensure the commissioning process is flexible enough to support models that are:

• Place-based and community-led

• Culturally safe and contextually relevant

• Equipped to work with diverse family structures, including kinship carers and older parents

• Able to provide support in flexible locations (e.g., homes, schools, neutral community venues)

• Funded to reflect the higher costs and travel demands of regional and remote delivery

Without this consideration, a one-size-fits-all model risks excluding the very families it intends to support.

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

In regional, rural and remote areas, flexibility is the foundation of effective service coordination. Co-location can be one effective strategy, but it is not always

practical or appropriate, especially where infrastructure is limited or client confidentiality and safety are paramount.

We have seen strong outcomes achieved when service providers are supported to deliver programs from multiple settings: their own service centres, the sites of partner organisations, local schools, and community hubs. This blended delivery approach builds trust between services while giving families real choice about where and how they access support.

For example, we deliver the Men's Behaviour Change Program (MBCP) through the DSS Specialised Family Violence Support Services (SFVSS) stream in both correctional facilities and private office settings. A co-located hub would not be a safe or suitable environment for many MBCP participants. Likewise, survivors of domestic and family violence may actively avoid public or multi-agency hubs due to safety concerns or the risk of community exposure. These clients often prefer more discreet locations that respect their privacy and dignity.

Rather than mandating co-location as a fixed pillar, we recommend that the Department revise this priority to promote flexible, multi-site delivery, with preference given to providers who demonstrate a commitment to offering services both from their own centres and within shared community spaces. This approach preserves safety, dignity, and choice for clients, and reflects the realities of service delivery in regional, rural and remote Australia. The wording should specify that services may be connected, or co-located, or integrated. Including "or" avoids disadvantaging providers operating in communities where co-location is not achievable due to local conditions.

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 application, genuine connection to the community should be evidenced through a combination of place-based presence, local trust and engagement, and accountability for outcomes.

We would highlight:

• Local presence and continuity. A long-term commitment to the region, with local offices, staff, and embedded operations in small towns and remote areas, not just major centres.

• Collaborative partnerships. Active working relationships with ACCOs, schools, health services, justice, and local community groups. These partnerships demonstrate that the service is part of the local support fabric.

• Responsive, flexible service models. Programs co-designed or shaped with community feedback, that adapt to meet local needs. This includes delivering services in homes, schools, outreach models, online delivery, or transporting clients when services aren't available locally.

• Cultural and geographic appropriateness. Respect for cultural protocols and lived experience, particularly in Aboriginal and Torres Strait communities, and responsiveness to local conditions such as natural disasters or service deserts.

• Strong governance and reinvestment. A demonstrated governance model that ensures funding is transparently and accountably directed into service delivery, staff development, and local economy stimulation, with measurable outcomes to show impact.

• Continuity during hardship. Evidence that the service remains during times of crisis (e.g. fires, drought, COVID-19), when continuity of support is most needed. Applicants should be assessed on:

• The depth and authenticity of their local ties, not just consultation for a tender, but actual day-to-day collaboration and embeddedness.

• A proven track record of program delivery, client engagement, and community support across years, not months.

• Demonstrated outcomes and governance, including transparent reporting, financial accountability, and measurable impact in local communities.

• Their commitment to place-based service delivery, including in towns and locations that are not "economically viable" but critical for access and equity.

In regional areas, connection to community is not a marketing term, it is an operational reality. Providers who are part of the fabric of the community must be prioritised over those who appear only to fulfil funding cycles. Assessment criteria must recognise this difference.

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

While location is a major factor, there are multiple structural realities that make equitable service delivery in regional and remote communities significantly more complex and costly and these must be accounted for in future program design and funding models.

One in three (33%) Australians live in regional or remote communities (ABS, 2021). These families and children already experience entrenched disadvantage due to reduced access to services, limited transport infrastructure, and higher costs of living.

For example, NCOSS's 2022 Regional Cost of Living Snapshot found that many low-income households in regional NSW skip meals, delay medical care or can't afford fuel. Flat funding models that don't account for these compounding challenges will continue to result in unequal access and outcomes.

In addition, workforce shortages are more acute in regional areas, with services bearing the added costs of travel, recruitment, supervision, and infrastructure, costs that are often unacknowledged in city-based funding assumptions.

The Australian Government's Jobs and Skills Australia 2025 June Quarter Report showed:

Metropolitan fill Rate was 72.2%, receiving an average of 32.7 applications with 11.2 of those qualified and 4.9 suitable.

Regional fill rate was 65.8% with an average of 16.3 applications. 5.4 of those qualified and 3 of those suitable.

Finally, Australia's vast geographical footprint must be explicitly considered. Delivering services across hundreds of kilometres, sometimes between towns with no public transport and limited facilities, requires flexible, localised approaches that are adequately resourced. Equity is not achieved by treating unequal circumstances the same.

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

1. Demonstrated Local Presence and Relationships

Funded organisations must show deep, ongoing engagement with their community including partnerships with schools, ACCOs, councils, or grassroots groups. Evidence may include MOUs, joint initiatives, participation in local interagency meetings, or collaboration with existing service networks. Locally embedded services with strong reputations are often best placed to respond to emerging needs.

2. Evidence of Impact That Reflects Local Context

Organisations should present both quantitative and qualitative data suited to their setting. In regional and remote areas, this may include:

• Case studies and client stories
• Community feedback and testimonials
• Simple metrics (e.g. referrals, group attendance, service reach by postcode)
• School or community partner

3. Locally-Based Workforce and Governance

Local service providers with a base in the community are best placed to build trust and offer continuity of care. Applications should outline the qualifications, cultural knowledge, and community ties of their workforce, as well as strong, transparent governance frameworks that ensure funding is reinvested in the region and tied to local priorities.

4. Adaptability and Service Reach

Effective providers will be able to demonstrate how they flex their delivery methods to reach isolated families, whether through home visits, outreach, school-based programs, or transport assistance. This is especially critical in regional and remote areas where traditional office-based or co-located models may not be viable.

5. Partnership and Integration

Finally, applicants should show how their services actively link with others to create wraparound support, including cross-referral pathways, warm handovers, and joint case coordination. Demonstrating community connection includes knowing when and how to work collaboratively, not in silos.

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

Historically, organisations could only appear in a single proposal, which significantly limited flexibility, reduced genuine collaboration, and unintentionally discouraged the formation of strong service partnerships.

Allowing providers to participate in multiple proposals, for example, one as a sole applicant and another as part of a partnership, would enable the department to assess the strongest service model on its merits. This is particularly important in the context of supporting ACCOs: it would allow ACCOs to submit a stand-alone application, while also partnering with another provider that already has proven capability and trust in the community, where shared delivery or capacity-building may offer greater benefit to community. The department would then have the opportunity to determine which approach delivers the most appropriate, sustainable and culturally safe outcomes.

To illustrate this point, Centacare NENW is not an ACCO, yet 4,107 Aboriginal and Torres Strait Islander clients chose to access our services under the DSS Programs, due to our long-standing presence (over 20 years), trusted relationships, and flexible delivery. Each of the 21 towns we serve has a distinct Aboriginal and Torres Strait Islander community, with diverse intra-community dynamics and historical relationships. In sensitive service areas such as family violence and mental health, clients must retain the freedom to choose who they feel safest with. For some, this may be a local ACCO, for others, another provider that is not linked with their mob. Respecting this choice is essential to maintaining engagement, safety and trust for people who identify as Aboriginal or Torres Strait Islander.

The flexibility we are recommending would not only remove structural barriers to partnership but would also actively increase providers' ability to work together, leverage complementary strengths, and form integrated delivery ecosystems. It would also provide a practical solution to the current tension between sector collaboration and procurement guidelines. It would align with the department's broader objectives of fostering local partnerships, strengthening ACCO capabilities, and maintaining value-for-money and quality benchmarks.

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

To truly improve outcomes for Aboriginal and Torres Strait Islander children and families, program design must move beyond structural funding allocations and consider culturally responsive, trauma-informed, and community-led practices that are embedded across the entire service system not just within ACCO-led services.

Aboriginal and Torres Strait Islander families should have the right to choose the provider they feel most safe and supported by, whether that be an ACCO or a mainstream provider with demonstrated cultural safety and strong local relationships. In regional, rural and remote communities, this choice is especially critical, given historical and contemporary experiences of exclusion, lateral violence, and limited service access. In some regional areas, it may be necessary to engage two providers when a single provider cannot deliver culturally safe supports to all clients accessing services.

Rather than narrowly channelling resources through a single provider type, the government could invest in genuine partnerships and shared delivery models, where both ACCOs and mainstream organisations contribute their respective strengths. These partnerships can combine cultural authority, community relationships, and local knowledge with robust infrastructure, governance, and quality assurance systems to ensure effective, accountable service delivery.

Third, program design should incorporate clear accountability mechanisms to ensure that funding intended for Aboriginal and Torres Strait Islander families is reaching them in practice and achieving measurable outcomes. This includes transparent reporting, community consultation, and evaluation that centres the voices of Aboriginal and Torres Strait Islander families and children themselves.

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

While our organisation collects internal outcome and feedback data, there are critical gaps in the broader data ecosystem that limit our ability to understand and enhance our impact. There is no consistent way to benchmark outcomes or service performance against other providers operating in similar rural and remote settings. This lack of comparative, regionally segmented data constrains our capacity to identify best practice, validate funding needs, or assess performance contextually. DSS could assist by providing anonymised dashboards comparing outcomes, caseloads, and delivery models across geographic settings.

Regional providers need access to data that captures the true cost and pressures of service delivery in geographically dispersed communities. This includes workforce shortages, cost-of-living indexes, travel and time burdens, and service demand vs capacity. According to the NSW Council of Social Service (NCOSS),

regional and rural services face unique structural barriers and should be assessed within a regional funding framework that recognises these variables. Incorporating this data into DEX or future funding models would support more equitable and transparent program design.

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?

Client Outcome Data

Pre- and post-engagement measures, including improvements in family functioning, parenting confidence, child wellbeing, school engagement, or emotional regulation, are essential to show measurable change. Where possible, these should align with nationally endorsed wellbeing indicators to support comparability across programs.

Case Stories and Lived Experience

Narratives from children, families, and service partners can illustrate complex impact pathways, especially in early intervention and relational programs where outcomes are not easily quantifiable. These stories help policymakers understand the nuanced ways our programs change lives.

Demand, Reach and Service Access Metrics

Data showing demand, reach, and service access, including referral sources, service waitlists, client demographics (such as age, gender, cultural background, and regionality), and the number of families unable to access support due to capacity constraints. In regional and remote areas, we will also share data on locations serviced, geographical distances travelled, and travel time required to reach communities. These metrics reflect the effort required to maintain equitable access across vast catchments and highlight both unmet need and the operational reality of delivering services in dispersed regions.

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

The Score Circumstances Relevant to our Services are:

CaPs

Family functioning ♣ Age-appropriate development ♣ Community participation and networks ♣ Education and skills training ♣ Employment ♣ Material wellbeing ♣ Mental health, wellbeing and selfcare ♣ Personal and family safety ♣ Physical health ♣ Housing

FMHSS

Family functioning ♣ Age-appropriate development ♣ Community participation and networks ♣ Education and training ♣ Employment ♣ Housing ♣ Material

wellbeing and basic necessities ♣ Mental health, wellbeing and selfcare ♣ Personal and family safety ♣ Physical health

FaRS

Family functioning ♣ Age-appropriate development ♣ Community participation and networks ♣ Employment ♣ Housing ♣ Material wellbeing ♣ Mental health, wellbeing and selfcare ♣ Personal and family safety ♣ Physical health

SFVS

♣ Family functioning ♣ Mental health, wellbeing and selfcare ♣ Personal and family safety

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

Templates that guide services to clearly link case study content to the DSS outcomes, such as empowering parents and caregivers, improving child wellbeing, and creating safe, resilient families, etc, would be most useful.

Templates should prompt services to describe the presenting issue, the intervention or support provided, and the short- and long-term outcomes achieved. For regional and remote services, there should also be fields to highlight contextual factors such as geographical distance travelled, outreach delivery methods, and challenges related to access and equity.

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

For Centacare NENW, relational contracting acknowledges that sustained service outcomes depend on long-term collaboration, mutual trust and shared objectives, rather than fixed outputs or narrowly defined deliverables. This approach privileges partnership and co-design over prescriptive service specifications. Centacare NENW currently delivers services within relational contracting frameworks, most notably through commissioning with the Primary Health Network and Youth Justice.

To embed relational contracting in practice, we would value:

• Shared outcomes frameworks co designed with us, ensuring alignment with community needs rather than solely funder-defined KPIs.

• Built in review points and flexible amendments, allowing contracts to evolve in response to emerging needs or changing local circumstances.

• Recognition of complexity and uncertainty, particularly the challenges of delivering in geographically dispersed areas including travel burdens, infrastructure gaps, and the need for cultural safety and outreach-based models.

• A DSS Contract Manager, who has an understanding of the complexities of the services and regions we work in.

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

The department should offer relational contracts to organisations that demonstrate a deep, connection to the communities they serve, underpinned by long-standing relationships, trusted local presence, and a track record of delivering outcomes in complex settings.
Key criteria should include:
• Proven Community Embeddedness: Organisations that are well-networked within local service systems, including strong partnerships with schools, health services, and other NGOs. This should include evidence of culturally appropriate engagement with Aboriginal and Torres Strait Islander communities and other priority cohorts.
• Delivery in Complex Environments: Providers with demonstrated capability to operate in regional, rural and remote settings, including the ability to navigate workforce shortages, high travel burdens, and infrastructure limitations, should be prioritised. These providers understand the unique needs and service models required in these contexts.
• Strong Governance and Accountability: Organisations with transparent governance structures, sound financial management, and quality assurance systems that ensure program integrity and continuous improvement. These capabilities are essential to manage long-term contracts responsibly.
• Outcomes and Adaptability: Providers that have shown they can deliver measurable impact, adapt programs in response to emerging community needs, and contribute to shared learning. This includes willingness and capacity to engage in co-design, evaluation, and system improvement.
• Track Record of Collaboration: Organisations that contribute to local networks, joint service planning, and integrated service delivery should be recognised. This includes history of positive engagement with DSS and other government agencies.

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

Yes, our organisation is strongly supportive of a relational contracting approach. We have direct experience delivering services under comparable frameworks with DCJ and Youth Justice, and have observed the tangible benefits of long-term collaboration, mutual accountability, and shared goals. These models replace prescriptive, transactional KPIs with adaptive, relationship-driven contracting,

which has consistently produced better engagement, continuity, and outcomes for the communities we support.

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

When the tender is released, we request that the department allow providers to be included in more than one application. Historically, organisations could only appear in a single proposal, which significantly limited flexibility, reduced genuine collaboration, and unintentionally discouraged the formation of strong service partnerships.

Allowing providers to participate in multiple proposals, for example, one as a sole applicant and another as part of a partnership would enable the department to assess the strongest service model on its merits. This is particularly important in the context of supporting ACCOs: it would allow ACCOs to submit a stand-alone application, while also partnering with a mainstream provider where shared delivery or capacity-building may offer greater benefit to community. The department would then have the opportunity to determine which approach delivers the most appropriate, sustainable and culturally safe outcomes.

This change would not only remove structural barriers to partnership, but would actively increase providers' ability to work together, leverage complementary strengths and form integrated delivery ecosystems. It would also provide a practical solution to the current tension between sector collaboration and procurement compliance, and would align with the department's broader objectives of fostering local partnerships, strengthening ACCO capabilities, and maintaining value-for-money and quality benchmarks.