

## Feedback to Discussion Questions

### Vision and Outcomes

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

The current vision risks being too narrow and does not fully reflect the diversity of family structures, including Culturally and linguistically diverse (CALD) families, families without children, or kinship family structures. It also overlooks other drivers such as family violence, disability, poverty.

Our organisation delivers early intervention and intensive family support to a wide range of clients whose needs often fall outside narrowly defined program streams. While we acknowledge and support the intent to support parents and children, the proposed approach excludes many people who rely on community-based counselling but do not meet the tightened eligibility criteria.

These reforms may unintentionally shift clients toward tertiary or crisis services, contradicting the prevention-focused approach endorsed by government. As Minister Plibersek has stated, *“prevention is more effective than crisis response.”* Restricting access to early intervention counselling not only places greater strain on acute services, but also overlooks the interconnected nature of family systems, relationships, and community wellbeing.

While Family and Relationship Services (FaRS) and Specialised Family Violence Service (SFVS) provide support under Streams 2 and 3, a significant portion of clients may not fall under the new vision and outcomes relating to parents, caregivers, and children. This may not impact our evidence-based service delivery for parents, caregivers, and children—these services consistently exceed target numbers and there is strong demand in the community.

However, it will mean other vulnerable clients will no longer have access to affordable counselling.

This demographic includes:

- Victim survivors of Family Domestic Violence (FDV) with no children.
- Victim survivors of FDV who's adult children are now the perpetrator.
- Family conflict with related adults.
- Single people seeking support for anxiety and depression and situational relational problems.
- Empty nesters.
- Life-long parents (caring for adult children with disability and/or mental health).
- Couples therapy.
- Grandparents supporting struggling families.
- Individuals seeking support for grief and loss.

**Are the two main outcomes what we should be working towards for children and families? Why/why not?**

The outcomes use vague terminology (e.g., “healthy”) that are subjective. They do not clearly define what is a measurable outcome. They also lack enough detail to be consistent across services, regions, and over time.

**Program Structure**

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

It is possible that a single contract may reduce duplication for organisations delivering multiple activities by enabling them to work with one Funding Arrangement Manager. However, the extent of flexibility will be determined by the specific terms and guidelines set forth in the contracts, which have not yet been clarified. It remains uncertain whether the grant will allow for flexibility in reallocating funds among program activities or in completing single activity work plans and reporting to reduce administrative requirements.

The proposed service model is designed to support the entire family and respond effectively to evolving needs as they arise. The delivery approach will include adaptable services aimed at addressing co-morbidities, such as family violence, substance misuse, relationship breakdowns, and mental health concerns.

**Does the service you deliver fit within one of the three funding streams? Do these streams reflect current and future needs?**

Yes, the services currently delivered do fit within one of the three funding streams. The streams provide broad opportunities for interpretation, which encourages innovation in service delivery. However, this flexibility can also lead to inconsistency and a drift from best practice across providers.

Most current services are based on the second stream of funding, with some activities also aligning with the third stream. Referrals increasingly identify clients who require more intensive and longer-term support due to the complexity of their situations.

Additionally, there is a growing number of children presenting with indicators or diagnoses of neuro-divergence, which impacts family dynamics and creates additional stress for families. This trend highlights the need for funding streams to remain adaptable and responsive to evolving community needs.

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

- Clarify funding allocation, outcomes, performance measures, and policy intent to improve transparency and effectiveness.
- Prioritise early intervention and prevention to reduce reliance on crisis services and support long-term wellbeing.
- Safeguard minority groups and small communities by ensuring reforms and funding models do not disadvantage them.
- Make consultation process more inclusive and meaningful, rather than rushed or superficial.
- Support for transient families, especially in regions like the Goldfields, by ensuring services can follow families wherever they move.
- Adopt longer-term, flexible grant agreements to support better planning, trust building in communities, innovation, and job security, while annual indexation should accurately reflect rising service costs.

**Prioritising Investment**

**Do you agree with the four priorities listed?**

It is somewhat unclear as priorities should explicitly include areas missing from the proposed approach: family violence, disability, poverty, social cohesion, middle years and adolescence.

Priority 1 it is important that we targeted referral pathways are developed to identify children requiring early intervention in schools e.g. low attendance, disruptive behaviours, indicators of low educational achievements.

Priority 2 is agreed in principle but logistically challenging to provide consistently due to the geographical distance covered.

**Are there any other priorities the department should focus on?**

- Workforce development and stability.
- Addressing locational disadvantage and higher delivery costs in regional and remote communities.
- Access to safe and appropriate housing must be a priority area for regional and remote.
- Cost of living for families in remote locations is significant compared to regional or metro areas.
- Accessible public transportation within the region

- Increasing number of CALD population in regional and remote locations requiring support services

## Improving Family Wellbeing

### Do the proposed focus areas match your service needs?

They partially align but don't identify the service needs of diverse/minority groups and families without dependent children.

In the past two years:

- Approximately 20 percent of current client's household composition with no dependents in our regional locations with that number jumping to 40 percent in the metropolitan region.
- Approximately 10 percent of clients accessing FaRS and SFVS are over 55 across both metropolitan and regional locations.
- Approximately 40 percent of metropolitan clients accessing counselling are on Centrelink payments or are of low income and unable to afford private support with this number increasing to 50 percent in regional locations. If funded counselling capacity is reduced, they will face significant barriers to accessing support.

### Are there other groups or approaches that should be considered?

- Children, with approaches that integrate their voice in service design and delivery.
- Families defined by broader kinship networks, not just nuclear or Anglocentric models.
- Couples without children, reflecting the increasing proportion in contemporary Australia.
- CALD communities with communalist family values.
- First Nations families, whose structures are based on extended kinship networks.
- Individuals who form supportive, non-biological family relationships.
- Clients needing specialised services, such as family violence and mental health support, provided by experienced local providers.

## Connected, Co-located, and Integrated Services

### What other effective ways, beyond co-location, help connect and coordinate services?

To effectively coordinate services, it is essential to foster strong relationships, facilitate warm handovers, establish shared goals, engage in joint planning, and implement adaptable delivery models. While co-location can be beneficial, it does not guarantee coordination

and may introduce additional complexity or privacy and access challenges, particularly in regional and remote areas.

Relationship-building is a critical yet often overlooked component, as it enables a deeper understanding of local needs, strengthens cultural responsiveness, improves referral pathways, and reduces duplication. Additionally, providing a one-stop shop for service

information—designed to be more social and less clinical—can help families more easily navigate available supports. When considering the consolidation of programs into a single model, it is also important to carefully address the unique geographical and logistical challenges present in Western Australia.

**What would you highlight in a grant application to show a service is connected to the community? What should applicants be assessed on?**

- Place-based presence in communities demonstrating statistical evidence and an understanding of local needs, particularly those that may intersect with the program and which would improve referral pathways.
- Demonstrated community engagement and participatory design.
- Local leadership and connection.
- Cultural safety and inclusion.

**Responding to Community Need**

**Beyond locational disadvantage, what other factors should be considered?**

It's important to account for hidden disadvantage that may not be captured in national datasets, as well as cultural diversity and barriers that can affect engagement with services. Community safety, social cohesion, and risks such as family violence must also be considered. Regional and remote locations present unique challenges, including limited access to telecommunications, difficult referral pathways, and significant travel requirements for both families and service providers. Delivering services from a central location can help overcome transport limitations, but the availability of accommodation—especially in remote areas—remains a barrier to face-to-face support. Additionally, the increasing number of

CALD populations in regional and remote areas requires tailored support services that reflect their specific needs.

Availability of accommodation in regional areas is challenging, but in remote locations very limited. This affects community but also services endeavouring to provide support face to face.

Increasing number of CALD population in regional and remote locations requiring support services cannot be overlooked.

### **How should organisations demonstrate their service meets community need?**

- Use of local data, recent evaluations, and place-based evidence.
- Evidence of community engagement and participatory design.
- Evidence of community consultation, identified issues provided by key stakeholders, including schools, Western Australia Police (WAPOL), health services, and other service providers in the region.

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

#### **How could the grant process increase the number of ACCOs delivering services?**

- Provide funds to support partnerships with mainstream providers, don't expect it to "just happen"
- Avoid competitive tendering processes that disadvantage long term providers for not being ACCO's but have long established relations and connections to community.

Flexibility is important - requirements for service collaboration/coordination in regional/remote areas where there are limited/no other services can be a barrier to applying.

#### **What else should be built into program design to improve outcomes?**

- Ensure service choice for First Nations families and are not forced to use ACCO'S as their only option
- Strengthen cultural safety across **all** providers, not just ACCOs.
- Consider cultural needs for refugee and migrant families from diverse backgrounds
- Acknowledge delivery costs and access barriers in remote/regional communities.
- Traineeships incorporated into the recruitment of First Nations people.
- Social determinants include appropriate housing – many families currently in sub-standard housing. Program to include advocacy to support housing and tenancy issues, legal issues, education outcomes, health outcomes.

### **Measuring Outcomes**

#### **What types of data would help your organisation understand impact and improve?**

- A way to contribute to state/national data sets and analysis.

- Statistical data on school attendance for individuals accessing the service.
- Reduced number of families under care of child protection as a result of services provided.
- Reduction in incidences of family violence reports in families accessing service.
- Increased number of individuals accessing services such as but not limited to mental health, family violence services

### **What kinds of information would be valuable to share to show positive impact?**

- Direct feedback from families accessing the service.
- Feedback from stakeholders co-supporting clients (e.g. Department of Education)

### **If you report to DEX, what SCORE Circumstances domain is most relevant?**

- Family Functioning.
- Age-appropriate development.
- Housing.
- Mental Health Wellbeing and Selfcare.
- Personal & family safety.
- Community participation & networks.

### **What templates or guidance would help you prepare strong case studies?**

Standardised template identifying presenting issues/goals, summary of support provided, and outcome synopsis

## **Working Together**

### **What does relational contracting mean in practice? What criteria should be included?**

- A shift away from transactional, compliance-focused models toward flexible, trust-based approaches.
- Must be adequately resourced for both providers and the department.
- Requires clarity on expectations and should be consistent across all contracts.
- Poorly implemented, it could unintentionally reduce flexibility or undermine existing relational approaches.

### **What is the best way to decide who should be offered a relational contract?**

It should be all offered the same way.

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

We need more info on how it will operate and what benefits it will provide as this is not clearly articulated.

**Other**

**Is there anything else the department should understand or consider?**

- The timeframe for reform feels rushed leaving little opportunity for meaningful consultation.
- This has the potential to be really disruptive to organisations and clients. Workforce sustainability, future uncertainty are significant risks.
- Tender design must safeguard regional providers and prioritise continuity of service.