

SUBMISSION

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A NEW APPROACH TO PROGRAMS FOR FAMILIES AND CHILDREN

DEPARTMENT OF SOCIAL SERVICES

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ABOUT FRSA

As the national peak body for family and relationship services, FRSA has a critical leadership role in representing our extensive network of Member Organisations to support their interests and the children, families and communities they serve across Australia. FRSA plays a significant national role in building and analysing the knowledge and evidence base relating to child and family wellbeing, safety and resilience. We undertake research and work with government and non-government stakeholders to inform policy and shape systemic change.

OUR VISION

An Australia where children, families and communities are safe strong and thriving.

ABOUT OUR MEMBERS

FRSA has 160 members, with 135 members in a direct service delivery role.¹ The range of services provided includes:

Family and children services (funded by the Department of Social Services):

- Communities for Children Facilitating Partner
- Children and Parenting Support
- Family and Relationship Services:
 - Family and Relationship Services
 - Specialised Family Violence Services
- Adult Specialist Support:
 - Find and Connect
 - Forced Adoption Support Services
- Family Mental Health Support Services.

Family Law Services (funded by the Attorney-General's Department):

- Family Relationship Centres
- Family Dispute Resolution
- Family Law Counselling
- Parenting Orders Program
- Supporting Children after Separation
- Children's Contact Services
- Family Relationship Advice Line

¹ FRSA's full members deliver family and relationship services. FRSA's associate, individual and honorary members hold policy, research and professional expertise in family law, family and relationships services and related social services.



INTRODUCTION

FRSA welcomes the opportunity to contribute to this consultation.

Our submission is informed by:

- three online consultation and discussion forums with FRSA members (held 13, 18, 20 November)
- participation in three DSS online Townhall meetings and one face-to-face Townhall meeting
- participation in ACOSS' member consultation on *A new approach to programs for families and children*
- the experience and wisdom of FRSA members, many of whom have been providing services to Australian children and families, for over 60 years
- engagement in previous consultations, significant in size and focus, undertaken or led by the Department of Social Services in the past five years:
 - Review of Child, Youth and Parenting Programs (2024-25) – [FRSA Submission](#)
 - Not-For-Profit Sector Development Blueprint (2023) – [FRSA Submission](#)
 - A Stronger, More Diverse, and Independent Community Sector (2023) – [FRSA Submission](#)
 - The Early Years Strategy (2023) – [FRSA Submission](#)
 - Department of Social Services Discussion Paper 2020: Families and Children Services – [FRSA Submission](#).

OVERARCHING COMMENTS

Our framing observation is that the proposed reform fails to take account of the service and policy landscape in which the five programs sit.

First, an evidence-based understanding of needs and service gaps on-the-ground should underpin the design of programs within the FaC Activity. The FaC Activity has been under review for over five years and through this period, FRSA and others in the sector have consistently called for this foundational service mapping and needs analysis. We recognise the reality of limited government resources; however, achieving value for money, solid return on investment and equitable outcomes requires a clear, data-informed picture of community needs, existing service coverage and local context.

Second, the narrative around the consultation and the framing of the discussion paper place a lot of weight on one part of the FaC Activity (the five programs) without reference to important contextual information:

- The five programs sit alongside other programs in the FaC Activity that provide support to children and families:
 - The Home Interaction Program for Parents and Youngsters (HIPPY), which builds the skills of parents and carers to better prepare their child for school. The program operates in 100 communities across Australia, 50 of which focus on First Nations communities
 - The Children and Family Intensive Support Program (CaFIS) for



children and young people aged 0-18 in the Northern Territory and Anangu Pitjantjatjara Yankunytjatjara Lands

- The findings of the Evaluation of Family and Relationship Services and Specialised Family Violence Services
- How the proposed new program will intersect with other key government initiatives such as Thriving Kids.

The new program(s) must build on the success of current programs

The Department's 2024 [review](#) of CaPS, CfC FP and FMHSS highlighted strong client outcomes and value for investment.²

These findings align with a 2023 [cost-benefit analysis](#) commissioned by FRSA and conducted by the Centre for International Economics (CIE). The CIE report found overwhelmingly positive outcomes for children, young people and parents – improvements in family functioning, mental health, wellbeing, and age-appropriate development.

Similarly, the CIE analysis showed strong results for FaRS and SFVS clients. We are confident the findings of the Department's commissioned evaluation of FaRS and SFVS, which are yet to be released, will reflect findings in the CIE report.

We have been active participants in the various DSS review and consultation processes regarding the existing programs since 2020. As a sector we support refinement of the programs to remain contemporary and fit for purpose. It is important that the success of these programs is built on in the new program and that experience and expertise in FaC program delivery developed over many years, demonstrated outcomes, and established trust and connection with local communities are captured in the tender assessment process.

We acknowledge Government's decision to run an open competitive grant round for the new program but also stress that competitive tendering can compromise, stifle and/or thwart relationships and create unproductive competition between service providers. To the extent possible, the tender process must safeguard against unnecessary service disruption, particularly in communities with existing trusted providers.

Timeframe

We understand that the Minister is committed to the new program commencing in February 2027. In over five years of FaC Activity review, constant stopping and starting and limited feedback from the Department has bred a climate of uncertainty for the five programs in scope of these proposed changes. As such, whilst welcoming the Minister's clear commitment to action, there are several timing and operational matters that we encourage the Minister to take on board.

FRSA members have expressed the following concerns:

- The short consultation timeframe of four weeks has been challenging:

² See the [Evidence Paper](#).



- Members working with remote communities have not had sufficient time to consult with those communities about the proposed new program.
 - Similarly, members working with community partners have found the turnaround time to seek input from community partners or support them to develop separate submissions rather challenging.
 - As a peak, our capacity to undertake any kind of detailed data collection/analysis with our members to respond with more precision and detail to some of the questions has not been possible.
- The seven-month contract extension for the five in-scope programs creates operational and financial challenges:
 - Most not-for-profits/charities operate within a governance framework overseen by a Board of Directors with specific fiduciary responsibilities to uphold. Offering an extension of seven months does provide particular challenges – especially around financial projections and risk.
 - For current providers operating in thin markets, there may be flow-on consequences for service operations beyond FaC funding if unsuccessful in the grant round. Many FRSA members hold a wide portfolio of services underpinned by diverse funding sources. For some organisations, the service configuration is like a Jenga puzzle, where many pieces form a coherent and stable whole. Pooled administrative contributions create efficiencies for back-of-house operations (rent, IT infrastructure etc.) and staff may work across multiple programs. If the wrong, or enough pieces, of the puzzle are removed, the viability of all services is undermined. At the end of these services are high-needs children, adults and families in a market where there may be few or no alternate services.
 - CfC FPs hold sub-contracting arrangements with community partners (CPs). Consideration must be given to the management of these contractual arrangements, which may require adequate transition time. It is unclear how many CPs will be interested in, or in a position to take on, a short seven-month contract.
- Existing providers of the five in-scope programs will know the outcome of the grant application process by end of July 2026, if the Government upholds its commitment to providing six-months' notice. At that point, people will know whether they will be ceasing a program(s) and/or continuing to operate – although possibly in some amended format. For those winding up programs, the ability to retain staff and uphold Activity Work Plan (AWP) commitments will become increasingly difficult.
 - For programs with long-serving staff, service providers will need to deal with the financial realities of redundancy payments.
- It is unclear what consideration has been given to transitional arrangements from the current to the new program and to new providers. How will service continuity for clients be guaranteed?
 - The proposed shift to a relational contracting approach will require



internal departmental capability building and potentially a reconfiguring of some roles and responsibilities. There will also be an adjustment period for service providers. This will take time, and the process must be underpinned by a clear transition plan and a dedicated transition period.

As noted above, having some direction is welcome. However, we see risks in fast-tracking change at this point. The proposed approach came as a surprise to the sector, marking a departure from the FaC Activity Outcomes Framework introduced in 2021, and with minimal reference to the findings of the Department's 2024 review. We believe a more measured implementation pace will enable time for departmental capacity building and sector readiness as well as alleviating service disruption for children, adults and families.

Recommendation 1: Government commits to:

- extending funding of existing providers of FaRS, SFVS, CfC FP, CaPS and FMHSS until 30 June 2027
- commencing the 'new program' on 1 July 2027
- ensuring adequate transition arrangements and continuity of support for children and families.



OUR RESPONSE TO DISCUSSION PAPER QUESTIONS

VISION AND OUTCOMES

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

The proposed new vision “All children and young people are supported by strong families who have the skills and confidence to nurture them” places exclusive emphasis on the role of parents and families in child development and wellbeing. While family capacity and parenting support are critical, this framing overlooks the broader, essential role of communities in supporting children, adults and families.

Community is a critical factor in shaping child and family outcomes. Frameworks such as [ARACY's The Nest](#), the [Indigenous Social and Emotional Wellbeing model](#) and an [ecological approach to child development](#)³ indicate that children's wellbeing is inseparable from the cultural, relational, and social conditions of their community. Strong community connection, relationships, culture, safety and local leadership are key protective factors that support social and emotional wellbeing and help prevent pathways into statutory systems.⁴

The current Families and Children Activity [outcomes framework](#) recognises this reality, framing outcomes in terms of children, adults, and families situated within communities.

Recommendation 2: Embed community as a core feature of the new approach, emphasising that all children and young people are supported by strong families and connected communities that nurture them and promote wellbeing.

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

The two proposed outcomes signal a departure from the current focus of the FaC Activity and do raise some concerns, which we outline below.

As with the vision above, we do not see the place of community reflected in the outcomes. Further, the outcomes would be strengthened by including a reference to (and corresponding focus in program design on) ‘safety.’ The reference to ‘healthy’ is vague and subjective with an ableist connotation. This could be remedied by, for example, using the phrase ‘socially and emotionally healthy,’ or replacing with a reference to social, emotional and mental wellbeing.

³ This ecological approach was used by the AIHW in reporting and is based on frameworks developed by the Tasmanian and Victorian governments.

⁴ For the interplay between individual, parental and community risks for child abuse and neglect and protective factors see for example, Australian Institute of Family Studies (9 May 2017). [Risk and protective factors for child abuse and neglect](#). Policy and practice paper.



“What do we mean when we say family?”

What do we mean when we say family?

A family can be made up of anyone a person considers to be their family. Families can include children, but they may not.

Family members contribute significantly to the wellbeing of each other and play essential roles in supporting each other through life's transitions, stresses and celebrations.

(Definition taken from DSS, [Families and Children Activity outcomes framework](#), 9 December 2021, p.1)

The concept of family underpinning the two proposed outcomes a) leans toward an Anglocentric, individualist concept of the nuclear family and b) seems to exclude relationships where dependent children are not involved. This is out of step with the concept of family outlined in the Department's 2021 FaC Activity Outcomes Framework and contemporary definitions that recognise Australia is comprised of diverse family structures and involves a broader set of important relationships than captured in the proposed outcomes. In contemporary Australia:

- the proportion of couples without children has increased
- communalist family values are integral to some CALD communities
- First Nations' families are based on an extended kinship network
- People may be rejected or unsupported by their immediate/biological family and develop significant relationships with others that create an alternate, supportive family.

Who will miss out?

As currently framed, the two outcomes seem to discount important cohorts who are currently relying on FaC services. It is difficult to see a place for kinship and extended family networks. However, we understand from our participation in DSS Townhall meetings that this omission was unintended. We trust that this will be reflected in the final iteration of the outcomes and in the program design.

Our members have further highlighted the importance of pre-natal support for prospective parents and other key caregivers. Our assumption is that services designed for prospective parents/caregivers will be considered eligible activities within the new program.

The current FaC Activity Outcomes Framework explicitly recognises that the emotional, social and mental wellbeing of adults is integral to building strong communities and strong families. Accordingly, four aims underpin the framework's vision:

- Children and young people thrive
- Family relationships flourish
- **Adults are empowered**
- Communities are cohesive

Adults without dependent children are a significant client base for FaRS and SFVS.



FRSA conducted a quick information gathering exercise and data shared by 26 member organisations who deliver the FaRS program show that around one-third (30-35%) of FaRS clients do not have dependent children in their care. Most services report rates between 20-40%, with some lower (0-15%) (note: includes expectant parents). A small number have a much higher proportion of adults without dependent children, including those described as high-risk cohorts such as parents with children in out-of-home care (dependency is recorded based on current living arrangements - household composition data - rather than parental status). These clients rely on family-focused support provided by FaRS to work toward reunification, stabilise their circumstances, or address safety concerns. We would assume these clients would be classed as parents for the purpose of service eligibility in the new program.

Age distribution data shared by our members reinforces that FaRS is overwhelmingly an adult service, not a children's service. Across all providers who shared data, 60–80% of clients are aged 25-54, with the largest concentrations in the 30-44 age range. Children account for 0-15% of service users, and older adults (65+) account for 2-8%.

FaRS primarily supports adults dealing with relationship breakdown, family conflict, co-parenting, mental health and AOD related family impacts, grief and loss, domestic and family violence, and other complex circumstances, as well as parenting matters.

While the above data is impressionistic, it does suggest that restricting eligibility to parents with dependent children could exclude roughly a quarter to one-third of current FaRS users, including:

- couples who may potentially have children down the track or are actively preparing for parenthood
- couples who do not want or cannot have children
- couples with independent children
- individuals experiencing grief and loss or other relational issues
- adults seeking support for other relationship matters (e.g. sibling relationships)
- grandparents and kin who contribute to family functioning.

While providers acknowledge that other government-funded counselling services operate in some regions, these services do not replicate the scope, accessibility, or relationship-focused nature of FaRS. Most “like services” fall into narrow categories – youth mental health services (e.g., headspace), child and adolescent clinical mental health teams (CAMHS), community mental health services for people with diagnosed conditions, and limited private or community counselling, which means they offer adjacent support, but not the relationship-focused, early-intervention approach that FaRS provides. These complementary services are often clinical, age-restricted, or issue-specific, and in many regional areas, they simply do not



exist. Private relationship counselling options are limited, often with the costs being prohibitive for families experiencing financial hardship, relationship breakdown, or crisis.

We did not gather information from SFVS providers, however our understanding through our delivery of an SFVS Community of Practice is that the activity delivered under SFVS funding varies greatly across providers, filling different service gaps in local communities. Some SFVS providers deliver Men's Behaviour Change Programs, that may include men with and men without dependent children. Others deliver victim-survivor counselling for women, children, and some men, often with high demand and closed waitlists. Adult supports are not restricted to parents with dependent children. Across the sector, SFVS may be delivered as counselling only, or combined with women's groups, children's groups, and support for both people affected by violence and those using violence. With limited non-crisis family violence interventions across the country, SFVS plays an important role.

Recommendation 3: That the new program provides scope for the delivery of services for adults without dependent children, recognising that supporting positive and respectful relationships across all family relationships provides an integral contribution to community safety and wellbeing.

PROGRAM STRUCTURE

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

A single national program has potential, but the devil is in the detail

A single national program may provide increased flexibility for providers delivering two or more program activities, but the devil will be in the detail:

- A single grant agreement offers the benefit of a single liaison point for service providers and an opportunity for the funding arrangement manager (FAM) to build an understanding of a broader breadth of program activities within the one organisation, but:
- It is unclear how reporting requirements will be minimised via a single grant agreement. Will AWP's and corresponding reporting still be required? How will this look different? FRSA members who currently deliver two or more family law services under the Attorney-General's Department Family Relationships Services Program receive a single grant agreement. However, under the grant agreement a discrete Activity Work Plan (AWP) must be developed for each family law service with corresponding reporting on a service by service (or AWP by AWP) basis. This enables the Attorney-General's Department to see the different services or activities in action. How does the Department of Social Services plan to understand and ensure accountability for discrete activities funded under a single grant?
- Will the grant provide flexibility to shift funding between program activities? If yes, what conditions will delimit this practice? In the case of family law



services, a dollar amount per service or activity is specified in the grant agreement and cannot be used flexibly across activities.

The proposal to introduce relational contracting may assist in answering the questions posed above, with flexibility built into the legal agreement and, potentially, ongoing, open communication between parties reducing the level of detail and/or frequency of program reporting required.

Currently, only one third of providers are funded to deliver two or more of the five programs. The remaining two-thirds of providers deliver one FaC program. This may include smaller providers delivering a FaC program as part of a small suite of specialist services. It may include large providers delivering a range of other services that complement the FaC Activity but are funded through other federal or state government programs. Mechanisms to improve flexibility and reduce reporting for single-activity service providers must be given consideration in the new program (see recommendations, 5, 6 and 7).

A robust and responsive service system for children, adults and families

The concept of a single national program with single agreements appears to signal a shift to fewer, larger providers delivering multiple activities. This may reduce the administrative burden for government, but it is unlikely to deliver better outcomes for children, adults and communities.

In line with Pillar 4 of the [Community Sector Grants Engagement Framework](#), responsive service delivery will be enabled by a diverse service system, including a mix of small, medium and large service providers and will be integral to the success of the new national program.

Smaller and niche or bespoke services play a critical role in the overall system of support for children, adults and families, often reaching marginalised cohorts or offering specialised support. Small and medium-sized organisations play a particularly strong role in regional and rural communities and are often firmly embedded in those communities. Medium and larger organisations can achieve economies of scale, making the funding dollar stretch further. Some people prefer the anonymity of attending a larger mainstream organisation where family, social and cultural ties are at a distance.

A diversity of organisations is critical for a robust service system because it increases the sector's ability to both reflect and respond to the diversity of client needs and experiences.

Recommendation 4:

Ensure the program and tender design support a diverse service system, including small, medium and large providers across remote, regional and metropolitan locations.



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?

The proposed three streams aim to bring structure to a proportionate universalist approach. The logic of the three streams moving from universally based (stream 1), to targeted prevention and early intervention (stream 2), to intensive supports for families facing complex challenges (stream 3) is artificially constraining when considered against the overall funding bucket and scope of the program, and the on-the-ground reality of people accessing services.

Information provided by the department at Townhall meetings indicates that **stream 1** will predominantly comprise online information and resources (such as that currently provided by the Raising Children Network). Access is available online, reaching a wide network of people (noting, however, that one in five people across Australia are [digitally excluded](#)). We envisage that other national activities currently funded under CaPS would be in scope for **stream 1** such as community playgroups and toy libraries. The core feature of stream 1 is that it can be offered nationally to a majority of families. Provision of information and resources is, of course, not unique to **stream 1**, but provides an integral component of all child, family and relationship services.

Stream 2 seems to refer to locally based psycho-educative services that target families who would benefit from a more intensive and interactive service. The framing of **stream 2** seems to presume that clients accessing **stream 2** services will be functioning relatively well. **Stream 3**, offering more intensive support, is designed for “families facing multiple complex challenges” and “at risk of contact with child protection services”.

The model assumes that clients will fit neatly into delineated service activities. The on-the-ground reality suggests otherwise, particularly in rural and regional communities where services operate as ‘one-stop shops’ out of necessity. Current programs effectively operate across **streams 2 & 3** and true to a proportionate universalist approach adjust service intensity and adapt service approach to meet increased client complexity.⁵ For example, a client facing complex challenges may be provided more counselling sessions than is standard (increased service intensity), or service staff might undertake safety planning for a client or offer case management to link a client in with other needed services, as well as providing their FaC service (noting that at times, the service provider may decide it is not safe and/or appropriate to proceed with service).

⁵ Dr Tim Moore states, “To ensure that those with unique and/or additional needs are not neglected, universal services must be able to offer differential support according to increasing levels of need. This is known as progressive or proportionate universalism.” We take this to mean differential support within universal services or additional support as well as universal services. Moore, T.G. (2024). Core Care Conditions for Children and Families: Implications for policy and practice. CCCH Working Paper No. 6. Parkville, Victoria: Centre for Community Child Health, Murdoch, p. 24.



In the absence of broader structural changes that alleviate financial stress and insecure housing, and a greater investment where there are service gaps outside the FaC Activity (e.g. allied health support for children with developmental delays, family violence crisis services) people will continue to present for FaC services facing multiple, complex challenges in their lives. The service approach should be client-centred, meeting the client where they are at and providing service if it is safe and beneficial.

We see a role for government in providing better availability of information to the service delivery sector about the activities funded under the new program – i.e. where the activities are delivered, the target client base, eligibility and so on. This will assist with referrals offering clients a more integrated service experience.

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

Longer-term grant agreements

The discussion paper points to longer-term five-year grant agreements. Having been the beneficiaries of five-year grant agreements for FaC programs, our members can speak about the benefits of this arrangement. It is a welcome position to be in, better enabling service providers to build trust with local communities, support improved service planning and innovation, and provide greater job security.

To enable responsive and adaptive service delivery, flexibility to use funding across the life of the grant (rather than an annualised approach to funding with the requirement to acquit and return unspent funds on an annual basis, as is currently the case) should be introduced.

It is important to note that the longer the grant agreement, the more critical it is that annual indexation applied to grant funding adequately reflects increased costs of service delivery.

Recommendation 5: That grant agreements:

- provide flexibility for service providers to use funding across the life of the agreement (rather than on an annual basis)
- factor in reasonable indexation across the life of the grant.

Funding flexibility

Increased flexibility in funding would better enable genuinely person centred and outcomes focused service delivery against a backdrop of increased client complexity and an operating environment marked by international instability, cost of living and housing pressures and periodic climate related disaster events.

Case management

Our members report that clients are increasingly presenting in need of a range of supports (for example, family violence, alcohol and other drugs, housing and financial insecurity and so on) many of which sit outside the FaC programs. As one



member observed, "there is no longer a simple client". What this means from a practical and practice perspective is that services are increasingly taking on a case management (and sometimes crisis management) role, linking clients in with other supports and/or providing 'holding' support (for example, phone check-ins) until a space opens in a more appropriate service. For example:

- Members delivering Family Mental Health Support Services are increasingly spending time case managing and providing holding support to clients requiring a clinical intervention.
- Members delivering Children and Parenting Support Services have described a need to support families to navigate access to disability services.

These kinds of issues are being experienced across the full suite of family and relationship services delivered under the FaC Activity. The more disadvantaged a client or community, the greater the need for case management interventions. As indicated earlier, there are limits to what a reconfigured, three-stream program can achieve, without addressing broader structural issues and improving coordination between Commonwealth and state/territory investment.

Recommendation 6: That funding specifically includes a case management component to support a client-centred approach for children and adults requiring additional supports.

Brokerage

As far as we understand, brokerage funding forms a component of funding for one of the five programs – FMHSS – and the conditions around using this funding are restrictive. We see brokerage funding as an important factor in a needs-focused, person-centred response, able to be deployed in situations where:

- service providers are unable to link clients in with other services for immediate, practical support
- safety risk may be minimised
- it would assist the client to access the service on offer.

Recommendation 7: That funding include a brokerage component, enabling service providers to offer additional support to better meet clients' needs.

PRIORITISING INVESTMENT

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

We are broadly comfortable with the four priorities and the emphasis on investing early. Prevention and early intervention activities provide opportunity to build protective factors and positive relationships – particularly in vulnerable cohorts – and mitigate the need for more complex, intensive and potentially costly tertiary interventions.



The discussion paper notes that “more families are facing more complex challenges” and we agree with the department’s assessment that the “way we deliver supports requires a better, more coordinate response” (p. 1). Priority 2 reflects the importance of connection, coordination and integration. It will be important that the new Program Design and Outcomes Framework is informed by the broader policy and service context with a clear articulation of the parameters of the ‘New Program’ – that is, what it can realistically achieve and what it cannot.

Improved commonwealth and state/territory coordination will enhance the role of the new program in reducing the need for later interventions like child protection.

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

FRSA members were surprised that there is no reference to family violence in the priorities or recognition of the role the current FaC programs and, ideally, the proposed new program, play in ending gender-based/family violence in keeping with the National Plan to End Violence against Women and Children 2022-2032.

Our members work every day with families at risk of or experiencing family violence and child maltreatment. It is well established that there are transition phases when family and domestic violence is more likely to escalate or emerge – at the start of parenthood/pregnancy and in the lead up to and just after separation.⁶ The current suite of programs offer relationship and parenting supports that help identify and mitigate these risks and connect clients with additional supports when needed.

Recommendation 8: Include ‘keeping children, adults and families safe’ as an explicit measurable outcome in the design of the ‘new program’.

IMPROVING FAMILY WELLBEING

Do the proposed focus areas – like supporting families at risk of child protection involvement and young parents – match the needs or priorities of your service?

The work of our members in the family and relationship services prevention and early intervention space enables service providers to mitigate risks and strengthen protective factors across the life course. FRSA members routinely work with families at risk of child protection involvement and services are delivered to support children and families in the early years, and young parents aged under 25 as well as a range of other child and family cohorts.

The Department’s proposed areas of interest are a starting point but expanding the scope is important to ensure services remain inclusive and universal. Other groups of vulnerable clients require support at different developmental life stages and key

⁶ Kaspiew, R., Horsfall, B., Qu, L., Nicholson, J. M., Humphreys, C., Diemer, K., ... Dunstan, J. (2017). Domestic and family violence and parenting: Mixed method insights into impact and support needs: Final report (ANROWS Horizons 04/2017). Sydney: ANROWS, p. 12.



transition points, such as starting school, adolescence, experiencing changes in family structure, leaving home, navigating new relationships and becoming a parent.

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

As highlighted in the Department's 2024 Evidence Paper for the review of CaPS, CfC FP, and FMHSS, and reiterated by FRSA members, service accessibility must be improved for:

- culturally and linguistically diverse (CALD) families, who are 40% less likely to attend CaPS, CfC FP and FMHSS services⁷
- families with disability, who are also less likely to access CaPS or CfC FP but more likely to access FMHSS (14% less likely to attend service overall).⁸

FRSA members further reflected that:

- the middle years are a key period of development,⁹ yet there is a scarcity of services for older children (for example, children cannot access Headspace until they are 12 years and FMHSS providers may therefore choose to focus their service on 6-11 year olds)
- the importance of ensuring services are safe, respectful and appropriate for LGBTQIA+ children, young people and adults with evidence showing a growing number of people identifying as LGBTQIA+.¹⁰

Recommendation 9: That Government:

- recognise and fund services for the middle years of childhood and adolescence as a priority alongside early years programs
- design the new program to be inclusive of diverse family structures, including CALD families, older parents, LGBTQIA+ non-nuclear households, and people with disability.

CONNECTED, CO-LOCATED, AND INTEGRATED SERVICES

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

To deliver meaningful, community-responsive support for families and children, the reform must prioritise integration built on relationships, collaboration and 'the glue' (the people and practices of community engagement and community development for connecting services to each other and to the families they support).

⁷ Department of Social Services (2024), Families and Children Activity: Review of Children, Youth and Parenting Programs – Evidence Paper, p. 13.

⁸ Ibid

⁹ See also, Truong, M. and Joshi, A. (February 2024), [The influence of peer relationships in the middle years on mental health](#), Australian Institute of Family Studies.

¹⁰ Department of Social Services (2024), Families and Children Activity: Review of Children, Youth and Parenting Programs – Evidence Paper, p. 3



Service providers emphasise that meaningful collaboration grows from trust, joint planning, and shared intent. Strong relationships enable the practice of warm handovers that are often vital for coordinated service delivery. Co-location can work well for certain service configurations providing ease of access for clients. However, it does not in itself create coordinated service pathways and can introduce challenges around confidentiality, cultural safety, and accessibility, particularly in smaller or remote communities. For example, it may be desirable to deliver interventions for people using violence in their intimate/family relationships in a different location to other services that the partner/ex partner and/or children may be accessing. In many areas, high property costs and/or a dearth of suitable venues/buildings means that co-location of complementary services is simply not feasible. Integration and connection are a practice, not a floorplan.

Smaller service providers in FRSA's membership have expressed concern that prioritisation of co-located services in the grant round could disadvantage smaller and/or more specialist providers who do not deliver a broad portfolio of complementary services on a single site yet are able to offer specialist expertise or reach particular cohorts, whilst linking clients to external supports.

Beyond co-location: effective service coordination through facilitation-led, place-based approaches

The Communities for Children Facilitating Partner (CfC FP) model provides a proven alternative to co-location. CfC FP services are designed to achieve positive family functioning, child safety, and child development outcomes. By engaging communities in identifying local needs, services can be better targeted and the coordination of broader services within a geographic region improved. This ensures benefits are felt across the community, not only by those directly accessing CfC-funded services.

A core function distinguishing CfC FP from many other place-based initiatives is its focus on capability building in local organisations and Community Partners. The Facilitating Partner (FP) connects and harnesses the strengths of local communities to address entrenched social disadvantage, while strengthening the capacity of local service providers. This capability-building role underpins the program's effectiveness, and ability to deliver locally tailored, coordinated services.

Evidence from the 2023 Paul Ramsay Foundation [Where Are We?](#) report found that LGAs with CfC Facilitating Partners have outperformed state-average trends for child developmental vulnerability since 2009 in one or more dimensions by a factor of 2. The ACT, which did not have a CfC program, experienced the largest increase in developmental vulnerability nationally (Geatches, Preston & Putnis, 2023).

The CIE [Family and Relationship Services Economic Evaluation](#) confirms that CfC FP generates high value through coordinated, place-based supports, representing a cost-effective approach for DSS family and children programs (CIE, 2023).

The Operational Guidelines for the five current programs already require collaboration across government, non-government, and community services, reflecting a long-held understanding that integrated, place-responsive practice is central to good outcomes. Yet the system rarely funds the time, skills, and 'glue' needed to make this integration real. Relationship-building is often treated as an invisible ingredient, despite it being indispensable for understanding local needs,



strengthening cultural responsiveness, improving referral pathways, and reducing duplication.¹¹

This consultation process provides government with the opportunity to recognise integration and relationship-building not as an administrative ideal but as a funded practice. The new approach should prioritise community-embedded, relational work and ensure programs have the resources to build the partnerships that turn a collection of services into a connected ecosystem for families and children.

Recommendation 10: Relationship building and community engagement underpin integrated and community-responsive service delivery. The new program must recognise and explicitly fund relationship building, community engagement and local coordination activities (the glue).

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?

A service's connection to the community it serves is a strong predictor of accessibility, cultural safety, and sustained engagement. Our members emphasise that grant applicants should be assessed not only on program design, but on their demonstrated relationships, presence, and credibility within the local community. Factors described as important indicators by our members include:

Local presence and workforce

Models that rely heavily on fly-in fly-out or drive-in drive-out staffing can undermine trust and continuity, especially where cultural understanding and relational work are critical. Applicants should be able to demonstrate:

- a locally based footprint (e.g., premises or regular, consistent presence)
- employment of local staff, including First Nations staff where appropriate.

Outreach that is consistent, long-term, and trusted

In very small or dispersed communities, maintaining an ongoing physical site may not be feasible. In these contexts, DSS should prioritise evidence of long-term, relationship-based outreach rather than short-term or one-off outreach activities, or evidence of the capacity to deliver relationship-based outreach in cases where services will be delivered to communities for the first time. Applicants should demonstrate:

- a sustained outreach pattern over time
- clear, established relationships with community leaders, Elders, schools, and local organisations.

Evidence of genuine community engagement

Connected services show that they have invested in understanding local needs and strengths. Applicants should provide evidence of:

¹¹ Full funding that covers all costs of service delivery is a sector 'ask' in the [Not-for-profit Sector Development Blueprint](#) and the department's consultation on [A stronger, more diverse and independent community sector](#).



- participation in or hosting of community events, information sessions, and engagement activities
- processes for incorporating community voice into service design and delivery
- relationships with key groups that hold cultural or community authority.

Demonstrated connections with other local services

Integrated family and children's support rely on coordinated service pathways. Applicants should be assessed on their:

- ability to articulate their role in the broader local service ecosystem
- established referral pathways and warm handover practices (may include participation in local inter-agency networks)
- partnerships with other community organisations for relevant activities.

Recommendation 11: DSS should assess applicants on evidence of genuine community connection, including local presence or sustained outreach, employment of local staff, community engagement practices, and demonstrated collaboration with local services. Assessment criteria should prioritise relationship-based, place-responsive practice rather than physical co-location alone, ensuring equity for small, remote, and specialist providers.

RESPONDING TO COMMUNITY NEED

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

To ensure funding reflects community needs, the department must look beyond geographically based disadvantage and consider a broader range of social, cultural, demographic, and structural factors. Locational disadvantage alone does not capture the complexity of community dynamics, hidden stressors or the emerging pressures experienced by families.

- **Hidden disadvantage and social stressors-** Vulnerability is not always tied to location. Social isolation, housing instability, cost-of-living pressures and insecure employment can increase need for support, even in areas not defined as disadvantaged.
- **Demographic shifts and service gaps-** Rapid population growth, particularly in outer suburban 'growth corridors', can outpace infrastructure and service development. Families in these areas may appear prosperous on paper yet experience unmet need. Funding must account for changing population profiles over time, rather than relying solely on static geographic indicators.
- **Infrastructure and access barriers-** Limited transport, poor connectivity, and scarce local services create barriers that can hide true need and require targeted funding responses.
- **Cultural identity and safety considerations-** Specific cohorts, including Aboriginal and Torres Strait Islander families, multicultural communities, people with disability, LGBTIQA+ families, and those affected by family



violence, mental health, or substance use often experience unique forms of disadvantage and corresponding need.

- **Community knowledge and engagement-** Local communities hold deep understanding of their strengths and priorities. Funding investment should align or take account of what communities identify as most needed.

Recommendation 12:

That needs assessment based on geographical disadvantage is supplemented by data capturing:

- Hidden disadvantage (local datasets)
- Areas with high service gaps (e.g. growth corridors)
- Areas with service access issues (e.g. lack of public transport, poor connectivity)
- Cohorts experiencing unique forms of disadvantage.

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

Organisations can show that their services genuinely meet community needs by providing multiple forms of evidence that reflect local context and community voice. This can include:

- **Local evidence-** Demographic data, population trends, service usage, case studies, client feedback, and local stories to demonstrate understanding of community needs.
- **Community-informed program design-** Consultation, co-design, and community-led governance that ensure programs are shaped by local priorities. Lived experience adds further relevance.
- **Workforce capability-** A workforce reflecting the community's cultural, linguistic, and social diversity enhances trust, accessibility, and responsiveness.
- **Partnerships and collaboration-** Engagement with schools, health providers, councils, and other local organisations shows alignment with shared community goals.
- **Adaptability and innovation-** Adjusting services based on feedback or emerging trends, scaling programs as needed, trialing new approaches, removing access barriers, and responding to community events (e.g., natural disasters or public health crises) demonstrate capacity to evolve with the community.

Together, these approaches show that service delivery is grounded in local knowledge, aligned with community priorities, and responsive to the evolving needs and aspirations of children, families and communities.



IMPROVING OUTCOMES FOR TORRES STRAIT ISLANDER AND ABORIGINAL CHILDREN AND FAMILIES

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

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

FRSA supports increasing the number of ACCOs delivering supports to improve outcomes for First Nations children, adults and families, where this is determined as the preferred approach by those communities.

Reflecting the observations of SNAICC,¹² we suggest that the grant assessment process place value on the strengths of ACCOs such as the significance of cultural connection and community relationships. Recognising and placing value on cultural knowledge is also important for both tender assessment and for program design. This will mean, in part, that the focus must be on evidence-informed rather than evidence-based design. Many evidence-based programs are based on Western knowledge systems and ways of doing and being, and may be a poor fit for First Nations (and CALD) communities. The CfC FP network, for example, has argued over many years that the Evidence Based Program (EBP) requirement in that program runs counter to developing locally based, community-led solutions – especially in First Nations communities. ACCOs must be sufficiently resourced to adapt or develop programs that are based on cultural knowledge, practices and lived experience.

Service mapping and needs assessment

Investment should be targeted to increasing ACCOs in areas of highest need and not simply in areas with high First Nations populations. Consistent with our earlier overarching comments, service mapping should be undertaken to complement population data, to determine areas of highest need. This is particularly important given there has been no indication that the funding bucket will increase.

What other comparable federal and state/territory funded services for First Nations children, adults and families, delivered by ACCOs and/or principally targeting First Nations people are in place? To what extent are needs/demand being met by those services? Where are the gaps? Is there capacity to learn from or expand the FaC-funded Children and Family Intensive Support program and how does HIPPY, which delivers to 50 First Nations communities, fit within the broader FaC Activity service landscape?

Culturally safe programs

Service choice has been described to us as an important aspect of self-determination. Anecdotally we hear that Aboriginal people may choose to access

¹² SNAICC (2003), *Stronger ACCOs, Stronger Families: [Final Report](#)*, p. 9.



a 'mainstream' service because they feel it offers them greater anonymity than attending a community-based service that may employ staff known to the client.

Therefore, under the new program, non-Indigenous service providers must continue to build cultural competency and ensure services are culturally safe for First Nations people who choose to access those services. Our members delivering services in high First Nations population areas have told us that employment of First Nations people in services leads to better engagement and outcomes for First Nations clients.

The consultation process also provides a point in time opportunity to assess the cultural appropriateness of DEX/SCORE as the data capture system for the services. If there are improvements that need to be made to ensure cultural safety for First Nations clients – this should be applied across the board with all service providers – not just ACCOs.

Using evidence to build on what works

The Evidence Paper from the Department's 2024 review shows that access by First Nations people to children, youth and parenting programs (CfC FP, CaPS and FMHSS) is high¹³ and that outcomes are comparable to non-First Nations clients.¹⁴ This is encouraging. However, the data presented in the evidence paper is high-level and we assume the department could undertake more detailed analysis to understand if, for example, access is consistently high around the country (relative to population) or if there are particular programs and/or approaches to service delivery that are working well for First Nations peoples and identify examples of promising practice in cultural safety and community-led design. We see this as an opportunity to share and build on good practice across the sector and strengthen the overall cultural responsiveness of the FaC Activity.

MEASURING OUTCOMES

FRSA supports robust, meaningful, and consistent outcomes measurement across the FaC Activity, and we support the ongoing requirement for organisations to report into the Data Exchange (DEX). High-quality data collected in ways that are practical, ethical, and proportionate underpins continuous improvement, strengthens service quality, and supports better policy development. We further support the department's investment in data linkage.

Improvements to DEX

We understand that the department is looking at ways to improve DEX and reduce the reporting burden by:

- Reducing reporting of client demographic data
- Refining and improving outcomes reporting.

¹³ First Nations people are 340-540% more likely to access the three services compared to the general population. Department of Social Services (2024), Families and Children Activity: Review of Children, Youth and Parenting Programs – Evidence Paper, p. 15.

¹⁴ Ibid., p. 19.



In early 2026, FRSA will convene a working group of current FaC Activity providers to work with the department to look at practical improvements to DEX reporting.

Since its inception, DEX has been positioned as a two-way partnership between Government and providers, yet many organisations still struggle with data entry, interpretation, and extraction of meaningful reports. To enhance consistency and reduce burden, FRSA recommends:

- enhanced and consistent training for providers
- clearer definitions and guidance within the Partnership Approach to support consistent outcomes reporting
- ongoing support beyond a helpline, including practical troubleshooting and scenario-based guidance
- improved training for Funding Arrangement Managers to ensure consistent interpretation of requirements and support for providers
- greater clarity on how DSS uses DEX data to inform policy, program monitoring, and system stewardship.

Monitoring trends

Our understanding is that to-date analysis of FaC Activity data has predominantly occurred at the service provider - FAM level. To strengthen outcomes, it would be beneficial for organisations to have timely access to sector-wide insights. Aggregate, deidentified DEX data should be shared routinely with peak bodies and providers so that anomalies and system-wide issues signaling shifts in the operating environment can be identified early, and action taken if required. This will require the department to actively monitor and interrogate the data. As the sector peak and communication channel between the department and the sector, we see a role for FRSA in supporting the department in this work.

Enabling broader access to DEX

Unlike other Government data sources such as those held by the ABS and AIHW, DSS does not have guidelines or a process in place to receive, assess and process external data requests. We hope that over time this publicly owned dataset will be made more readily accessible to the broader research and policy community.

Complementing quantitative data with qualitative evidence

AWP reporting, case studies, and narrative-based evidence are essential complements to quantitative DEX data. These qualitative insights provide vital context around client experiences, service pathways, and local conditions – elements that cannot be captured through quantitative reporting alone. To maximise their value, AWP reports should be used not only as a contract management tool but as a source of learning that informs program design and policy development.



Measuring community-level outcomes alongside individual outcomes

In the longer term, FRSA encourages DSS to consider how outcomes measurement could expand beyond individual client-level data captured in DEX to include indicators of community-level change. For many programs, such as CfC FP and other place-based initiatives, significant impacts occur at the community level and are not adequately reflected through individual client outcomes alone. If, as we proposed earlier, the department embeds community within the new program design, consideration of community level outcomes will be integral to demonstrating impact.

At the same time, community engagement activities and other 'behind-the-scenes' work, the time and resources invested in these activities and their contribution to individual and community outcomes are largely invisible. For example, the CfC FP network has highlighted that the core work of Facilitating Partners - community engagement, service connection, and local capacity-building and coordination - are not well understood by government, are undervalued, and are rarely measured despite being central to the program's success. With the new program's focus on connection and integration, valuing and, where appropriate, measuring the outcomes of these activities will help to inform service improvement.

WORKING TOGETHER

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

The concept of a more relational approach to commissioning is welcomed. Whilst in recent years administration of the grants through the Grants Hub has brought about a largely transactional, compliance-oriented approach, historically, the sector has worked in a more collaborative and relational approach with the government based on trust, flexibility and respect.

The ideas flagged in the current Discussion Paper point to reactivating those dynamics in a more formal or embedded way (via formal relational contracting) bringing the potential to enhance adaptive and innovative service approaches to meet changing community needs. While aspects of a relational approach are not new to the sector, the introduction of 'formal relational contracting' will require a cultural shift – for the sector, but particularly for government. It will take time to change ways of thinking and doing.

The following factors will contribute to the success of a relational approach:

- The relationship between the department, through its funding arrangement managers (FAMs), and service providers is a lynchpin for enabling (or inhibiting) flexibility and local responsiveness. It will be particularly important to empower FAMs to employ a relational approach by building their capability and introducing sufficient delegation of power.
- The public sector works on an ethos of job mobility, and the movement of key personnel in and out of roles is high. A relational approach requires trust



and in-depth understanding (of different communities and service approaches), which is built over time. The turnover of FAMS is high with limited handover. FRSA members have reported dealing with multiple consecutive FAMS within a 12-month period. The administrative burden for service providers is significant – as every new FAM comes into the role, the service provider must begin their educative process. At the same time, the movement of policy and program staff at the department is high. For a relational approach to work the department must recognise its role as the steward of knowledge and relationships. Comprehensive handovers and clear processes for the capture and transfer of knowledge must be built into the model to counter staff movement.

While formal relational contracting may take some time to build capability, trial and roll-out, we see no barriers to the department returning to a more relational way of operating across all funding agreements under the new program. We envisage a relationship in which FAMS, as well as service providers, are concerned with client need and service quality (within program parameters) as well as compliance. This would provide an environment in which providers are able to negotiate pivoting services to meet changing client needs or respond to environmental challenges, while keeping the program in check.

More detail on how government sees formal relational contracting working in practice is required. So too, is a staged plan for its implementation. If the intention is to trial formal relational contracting, how will providers on standard grant agreements transition to the new way of contracting and how will parallel grant management processes be managed?

If poorly implemented, relational contracting could have the unintended effect of reducing flexibility, increasing red tape and undermining relational approaches already in place (especially in the CfC FP model). The inherent power imbalance between funder and service provider, which can only be partially mitigated through contractual provisions, must be carefully managed.

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

We encourage the department to trial formal relational contracting across a range of providers – small, medium and large, servicing metro, regional and remote communities.

Recommendation 13:

- That the government provides more detail and information about relational contracting to the sector. This must be available ahead of any move to implementation – even in a trialed modality. Any trial should work with a subset of diverse providers.



OTHER

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

Not-for-profit service delivery for better outcomes

Limiting this grant round to not-for-profit providers will help ensure that services remain focused on the wellbeing of clients rather than profit generation. Evidence from multiple sectors, including aged care, childcare, disability, employment services, vocational education and the NDIS, shows that for-profit providers are structurally incentivised to maximise margins. This often occurs at the expense of service quality through practices such as underpaying staff, reducing professional expertise within service delivery, or prioritising clients who are easier or more profitable to serve.¹⁵

These market-driven approaches can shift risk and complexity onto not-for-profit providers, which are then left to work with the most vulnerable or challenging clients without additional resources. Additionally, commercial-in-confidence practices common among for-profit providers can limit transparency and restrict the sharing of good practice, hindering sector-wide learning and continuous improvement. In contrast, not-for-profit providers are mission-driven, accountable to community, and more likely to collaborate openly, and invest in quality and continuous improvement.¹⁶

By restricting grants to not-for-profit organisations, the government can support organisations that are mission-driven, community-focused, and more likely to deliver high-quality, collaborative services that prioritise client outcomes over profit.

A fair, equitable, and transparent tender/grant application process

The assumption that an open, competitive grant round provides an equitable platform for applicants is a misnomer. There are a range of factors that impact on the quality of tender that can be submitted including experience, ability and internal organisational capacity and/or capacity to resource or purchase in specific tender writing expertise.

That said – in designing the grant round the Department can deliver a process that is fairer and more transparent. Key features would include:

- publishing the weighting (as a proportion of the overall grant) assigned to each question
- appropriately weighting (valuing) good proven performance and demonstrated outcomes
- appropriately weighting and assessing demonstrated local connections/knowledge (demonstrated by historical connections in

¹⁵ Considine, M. (August, 2023). *You need to run it as a public service because that is what it is*. Inside Story. <https://insidestory.org.au/you-need-to-run-it-as-a-public-service-because-that-is-what-it-is/> and Considine, M. (June, 2023). *Choice versus voice*. Inside Story. <https://insidestory.org.au/choice-versus-voice/>

¹⁶ Ibid.



community/at the local level, demonstrated by historical service delivery in location)

- clearly articulating how the Department intends to use AI in the assessment of grant applications.

In designing the tender process and setting benchmarks for assessing 'value for money', if the Department is truly committed to local, place-based service delivery there are important factors that need to be considered and appropriately set:

- there is a cost to running sub-contracting/partnership arrangements
- the cost of service delivery in rural, regional and remote locations is often higher than metro/outer-metro locations
- the importance of 'choice' for people accessing services
- the benefits of a diverse service mix (of size – large, medium and small) and/or types (mainstream, specialised, cohort specific).

The Discussion Paper notes that grant applications will be assessed on community need using SEIFA, AEDC, Census data, child protection rates. Which population data sets the Department will use in the Grant process must be published as part of the grant application.

The Discussion Paper also notes that "Other factors may include whether similar services already exist in the area, and how high the demand is." Ideally, the Department should release its priority areas of community need first (as indicative only and not set in stone). Grant applicants should have a good understanding of the needs of their local communities and can bring that nuance and knowledge to inform the decision making. What is needed to ensure the responsive distribution of (inevitably limited) funds is a helicopter view of service needs that is informed by this local understanding.

Use of AI to compare, summarise and analyse responses

We understand the potential value of using AI to compare, summarise and analyse responses. However, we feel that additional information would strengthen trust in the integrity of the analysis process:

- at what points in the analysis process will AI be used and to what extent?
- what will the extent of human checking and verification be?
- how will the evidence in submissions be weighted based on the experience, expertise and representative reach of the individual /organisation making the submission (i.e. how will AI make these assessments)?

CONCLUSION

In proposing to discontinue funding five existing programs to create a 'new program' there is a risk of significant destabilisation to a system of service providers that have long standing, trusted relationships with their clients, communities and the government. These services have demonstrated positive outcomes for children, families and communities with significant cost benefits to society.



To ensure the greatest opportunity for success the new program must:

- ensure reforms are evidence-informed, with service mapping and needs analysis made publicly available
- build on the success of existing programs (Don't throw the baby out with the bath water')
- acknowledge and incorporate the diversity of families in program design
- recognise the role of community and community-centred approaches in building protective factors for bringing up safe and strong children and young people
- be underpinned by a diverse service system where value for small, medium and large providers is respected and enabled across rural, regional and metropolitan locations
- ensure adequate time and funding is provided for transitional arrangements.

FRSA would welcome the opportunity to continue working with the Department to refine the proposed approach.