

# Response to DSS Discussion Paper:

## A new approach to programs for families and children

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This submission provides insight from the perspective of an existing provider under the DSS Communities for Children Facilitating Partner on the new model announced under the DSS FaC portfolio. We have included what was identified by our organisation and collaborating partners as areas that align with the existing program, identified gaps, program framework and include recommendations that would contribute to smooth transition while advocating for our community.

### DSS Proposed Model

Consolidation of five programs (CaPS, CfC FP, FMHSS, FaRS & SFVS) to one nations program with three funding streams: National Programs, Prevention and Early Intervention, Intensive Family Supports.

Proposed model alignment with current CfC FP model and gaps that can assist with smooth transition

#### Alignment

- Focus on prevention and early intervention
- Commitment to evidence-informed services (shift from evidence based)
- Commitment to local level approach including being community lead
- Requirement for providers to build and maintain collaborative networks and relationships

#### Gaps

- Possible removal of the Facilitating Partner approach which provides a backbone type service and ensures collaboration across providers and the ability to adjust programs and services as the communities needs change
- Potential for participants to lose choice of providers if significant portions of the funding pool is moved to ACCO's
- Continues use of the DSS Data Exchange (DEX) program that lacks the functionality to genuinely measure the impact and success of funded programs
- Potential for additional reporting impacts on DSS with the removal of Facilitating Partners (currently reporting from a single FP who oversee 5-10 activities to reporting from 5-10 directly funded organisations)

We note that The Department's 2024 [Evidence Paper](#) reports that CALD people are 40% less likely to access services than the general population and children (0-18 years). We acknowledge that for this



report the definition for CALD was expanded, however we believe the method in which DEX derives a person CALD status is flawed. Currently DEX identifies a person as CALD only if English is NOT the main language spoken at home AND if they are born in a country other than Australia.

This methodology excludes a substantial portion of adult participants who speak English as their first language at home to support their children's learning in early childhood and school settings. It also then excludes Australian born children who are still living in culturally diverse households who need supports with inclusion and language barriers. Importantly, there is a significant distinction between everyday spoken English and the academic English used in education and service contexts, this gap can present significant barriers for many children and families.

We believe that CALD participants are indeed accessing services and supports; however, the current DEX measurement does accurately capture this. As a result, organisation may appear to be servicing fewer CALD clients than they actually are. This misrepresentation likely contributes to inadequate funding being allocated for the additional supports requires such as translation and interpreting services, or the recruitment of multilingual staff which typically involves higher employment costs.

## **Top 5 Recommendations for Adaptation and Advocacy**

1. Preservation of the Facilitating Partner model as a backbone organisation for local coordination and adaptability for changes in community needs for both streams 2 and 3.
2. Slow and supported transition for ACCO's to ensure participants are not negatively impacted by the change, along with continued funding for non-ACCO's to ensure participant choice
3. Secure, long-term funding agreements that acknowledge the essential work of navigators and connectors within the funding streams to ensure genuine collaboration across all funded services (State, Federal, Local, Private etc.)
4. Move to evidence informed framework to ensure the right services are offered at the right time, in the right place, with the available high-quality workforce
5. Increased inclusion of group activities reported via the Community SCORE tool, acknowledging that community wide 'soft entry' group programs help to build trust that result in increased participation in place-based services and supports

## **Proposed Changes and Identified Impacts on Future Strategy**

While we recognise the positive intentions and potential benefits of the proposed new model, there are several program-specific details that have not yet been clarified or finalised. Without this information, there is a risk of the programs having unknown or unintended negative impacts.

As a long-standing Facilitating Partner within the CfC program, we have been actively involved in measuring and evaluating program outcomes over many years. Research conducted by organisations including [Family Relationships Services Australia](#) (FRSA), the [Centre for International Economics](#) (CIE).



[Flinders University, Centre for Social Impact](#), the [Murdoch Children's Research Institute](#), and the [Paul Ramsay Foundation](#) has consistently demonstrated the value of the facilitating partner model.

The CfC FP model supports tailored local responses, strengthens collaboration, and provides an important layer of accountability for both service delivery and the responsible use of grant funding. With clear guidelines and realistic expectations for local coordination, there remains a strong opportunity for communities to continue building resilience and fostering meaningful participation in the development of safe, connected, and thriving families.

We also note the finding from Social Ventures Australia report in their paper [\*"Happy, healthy and thriving children: Enhancing the impact of Integrated Child and Family Centres in Australia"\*](#) which identifies key structural enablers for impact include:

- An effective funding model is a central enabler for Integrated Child and Family Centres (ICFC) to be able to operate efficiently, effectively and flexibly to meet the needs of children and families. This requires secure, long-term funding for provision of core services and flexible funding for diverse child and family related services responsive to community needs.
- The integration 'glue' component is core to the ICFC operating model. It describes the leadership, structures and practices that bring all the individual services and staff together to create an integrated, holistic service model. The glue function must be valued and recognised in the funding centres receive.

There is opportunity for the Facilitating Partner model to provide crucial function across both Stream Two and Stream Three, significantly contributing to their long-term success of these programs.

We acknowledge the Government's decision to run an open, competitive grant round for the new program. However, we hold concerns that the competitive tendering processes will compromise, stifle, or even undermine established relationships and create unproductive competition between service providers. We urge you to include safeguards to the tender process to prevent unnecessary service disruption, particularly in communities where trusted providers are already in place. From our experience, this applies heavily to regional, rural and remote communities.

We note that significant investment has been made into the Stronger Places Stronger People (SPSP) initiative where they have identified distinct community needs through their backbone coordination role. It would be prudent for the Department to ensure that regions with an existing SPSP project receive appropriate funding allocations to support service delivery that directly responds to the needs identified through the SPSP initiative, noting that SPSP funding does not allow for service delivery.



## Discussion Questions

### 1. Vision and outcomes

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

*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.*

Yes, this vision reflects our shared aspirations for children and families. The information provided aligns closely with the CfC FP Strategic Plan and Operational Guidelines, which place a strong emphasis on early childhood development, family wellbeing and community resilience. Family Relationship Services Australia also recognises the significant role that CfC Facilitating Partners play in fostering collaboration and supporting system-wide change. When considered alongside data from the Paul Ramsay Foundation, showing that LGAs with a CfC FP program perform twice as well as the state average in reducing child developmental vulnerability, it is evident that the CfC FP model is making meaningful progress towards its intended outcomes.





## 2. Program structure

- *Will a single national program provide more flexibility for your organisation?*
- *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?*
- *Are there other changes we could make to the program to help your organisation or community overcome current challenges?*

Without more detailed information on the proposed new model, it is difficult to assess whether a single national program will provide greater flexibility. Once additional information is released, we hope the funding streams will allow for flexibility in geographical territory and provide providers with the ability to adjust service delivery across their allocated regions based on community needs and emerging events. For example, in our region, a recent house fire tragically claimed three lives, highlighting the need for flexibility to deliver programs addressing grief and loss where gaps in service exist.

We anticipate the service/activity we currently provide would align with Stream Two of the new model. We welcome further clarification regarding the expectations for service provider including whether multiple providers will be considered for a single geographical region to cover the full range of service areas i.e. family mental health, domestic and family violence, parenting, early years etc. This is particularly important in regional, rural, and remote areas where a single provider may not have the capacity or workforce to meet all these needs.

We see merit in the proposed new structure and hope there is recognition from the department and those who assess tender applications on the merits of the Facilitating Partner model. As an established Communities for Children Facilitating Partner, we have demonstrated the ability to respond rapidly to local needs, coordinate reporting across multiple community partners in a single submission, and ensure grant funding is allocated to high quality, evidence based/led programs, from local suppliers reducing the need for spending on travel and accommodation to regional areas.

The facilitating partner model also allows us to support the growth and capacity of local providers which is critical given workforce shortages in regional, rural, and remote locations.



### 3. 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?*

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

We agree the four priorities identified should receive investment. In addition, we believe there should be additional investment, beyond the combined budget of the five programs being phased out, into services that support children and families. To effectively work with families on early intervention with the goal of prevention, services and supports must be available in a timely manner. In our community, there are currently significant wait times, ranging from six to twelve months, which limits the ability to provide timely support.

For regional, rural and remote locations, funding must also allow for the provision of transport to enable participation. Outside of capital cities, public transport is extremely limited or does not exist at all. To ensure we can engage 'at risk, vulnerable, disengaged' participants, it is essential providers have transport options.



#### 4. 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?*

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

Supporting families who may be at risk of becoming involved with child protection is in line with the priorities for our service. We believe it is essential to offer accessible service, supports and education programs for all children and families, not just those who have already been identified by the state child protection agencies.

Across our community we have consistently heard that preventing children and families from reaching a place where intensive interventions are required is just as important as supporting those already experiencing significant challenges. It would be counterintuitive to assist one family to step out of intensive support, only to have several others enter that space due to the lack of early education programs and preventative supports.



## 5. Connected, co-located, and integrated services

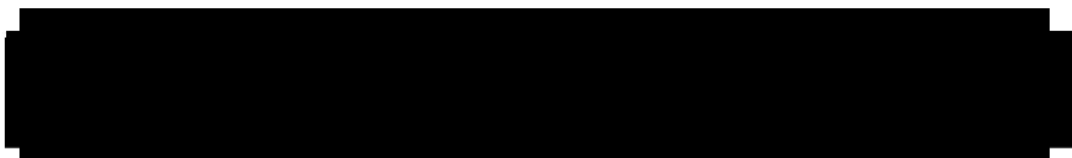
*What are other effective ways, beyond co-location, that you've seen work well to connect and coordinate services for families?*

*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?*

We agree that there is significant merit in co-located and integrated service that are well connected. Our organisation is located within a purpose-built Child and Family Precinct that provides opportunity for the community to participate in a range of services in a single location. At the same time, we are aware that co-location does not guarantee effective collaboration. To ensure there are genuine collaborative partnerships across the precinct, we have established policies and guidelines that are clearly understood and agreed to before tenancy commences. We also actively encourage community members to participate in meetings and stakeholder groups, providing regular opportunities for them drive direction and provide insight into changing and emerging community needs.

Applicants could provide evidence of existing collaborative networks such as steering committee's or advisory and working groups. In addition to this, it could be requested that they provide reports or co-branded materials that show where projects have been collaboratively developed and that there is joint/community ownership.

We would like to reiterate that co-location **does not** guarantee collaboration. Services could be based in the same geographical area and still not be integrated. Caution should be taken when assessing tenders to **not award merit** based on the ability to co-locate, especially in areas where the bricks and mortar infrastructure does not allow.





## 6. Responding to community need

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

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

Community engagement and involvement have been identified as a key characteristic to the success of the existing CfC FP program. Strong community connection challenges the historical distrust of government funded programs and ensures ownership of the communities direction and desire for improved outcomes for all.

We would expect applicants to provide population data from verified sources that reflect the needs of their local community. This may include data sources such as the AEDC, ABS, AIHE, State and Territory Child and Maternal Health reports as well as local gathered information from community consultation and engagement activities.

In addition, existing Funding Arrangement Managers for the five current streams have insight into local needs. Their knowledge, drawn from current service patterns, waitlist trends and regular communications with grant recipients, could provide an informed understanding of the communities needs and priorities.



## 7. Improving outcomes for Aboriginal and Torres Strait Islander 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?*

We are committed to ensuring that First Nations people have access to culturally informed and appropriate services. Our region includes well-established Aboriginal Community Controlled Organisations (ACCOs), and we ensure that all participants who identify as First Nations are made aware of the services and supports these agencies provide. We also recognise the importance of participant choice, acknowledging that some individuals may prefer not to access these services.

We encourage the Department to exercise particular caution in determining the definition of ‘family’ for the proposed new program, acknowledging the increasingly diverse household structures present across Australia. This consideration is especially important for First Nations and CALD communities, where extended kinship networks, comprising both biological and non-biological relatives, have long played significant primary and secondary caregiving roles. It is essential that any adopted definition appropriately reflects these culturally embedded family structures to ensure programs remain inclusive, and respectful to each community.

We see significant opportunity to support the growth and development of ACCOs including the provision of resources to allow for mentoring, professional development around both service delivery/development and data/evaluation.

We are particularly encouraged by initiatives that enable First Nations people to design and deliver programs tailored to the challenges faced in their communities. Investment in this area could allow for program replication or adaptation, having the potential to benefit other communities facing similar challenges and reducing the need to ‘start from scratch’ while fostering broader systemic impact.



## 8. Measuring outcomes

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

*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?*

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

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

Our organisation recognises that it is essential that the impact of programs can be measured and provides insight for continuous improvement. We recognise that a large number of organisations and academic institutions are currently funded or engaged in measurement and evaluation activities. We see an opportunity to develop a coordinated approach that fosters collaboration, reduces duplication, and connects organisations for mutual benefit.

Identifying appropriate measurement tools and processes that can capture real-time data would greatly assist in understanding service effectiveness and responding promptly to emerging needs.

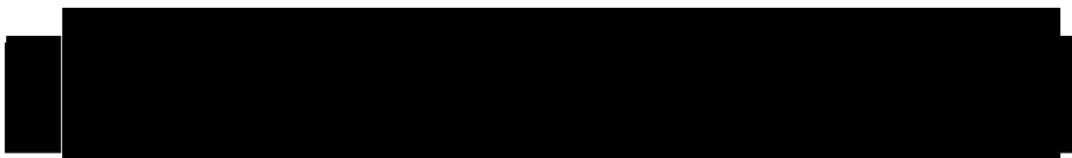
We currently report via DEX and the following Circumstance domains are most relevant: physical health, mental health, wellbeing and self-care, personal and family safety, age-appropriate development, community participation and networks, family functioning, material wellbeing and basic necessities, and housing. We see significant value in the Community component as we see first-hand how community participation in events can lead to participation in place-based programs and supports.

We would like to highlight the limitations of DEX, particularly as it is used across a wide range of funding streams. We believe organisations should be using high quality measurement tools where they are available and have found that the narrow SCORE range of 1–5 does not always support organisations to provide an honest reflection of the impact of the activity or participants progress. DSS have already identified several best practice evaluation tools across a range of service areas. By ‘translating’ the validated instruments from their original format to SCORE, the impact they measure can be lost. For example, the Parental Empowerment and Efficacy Measure (PEEM) tools measures overall efficacy (score of 20-200) along with efficacy to parent (confident and positive orientation to parenting roles and practices, 11-110 sub score) and efficacy to connect (capacity to access support and participation in social or other activities that promote positive parenting, 9-90 sub score).



In our experience, participants often score between 130 (6.5 average per question) and 177 (8.85 average per question) in both pre- and post-surveys. When these scores are translated into the SCORE matrix as currently set, they indicate no identifiable progress, despite measurable improvements.

We would strongly support the expansion of DEX to accommodate validated instruments in their true format. This would allow for more accurate measurement of both the specific domain and participant progress as well as a more meaningful reflection of program impact.



## 9. 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?*

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

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

From our perspective, a relational contracting approach in practice would involve genuine collaboration, the sharing of resources and flexibility to respond to the evolving community needs. For such an approach to succeed, stability in DSS Funding Arrangement Managers is essential. Their engagement with funded organisation across the geographical territory will allow for intervention should there be a need to support partnership growth/trust and accountability to the funded activities.

Relational contracting is particularly important in regional, rural and remote areas, where commonly there is no single provider able to meet the community's needs. It enables multiple providers to collaborate, grow and develop community led goals and collectively determining priorities for program and service delivery.

Our organisation would be interested in relational contracting, as it aligns closely with the Facilitating Partner approach we currently provide.





## 9. Other

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

We believe that specific measure should be put into place to ensure the continued delivery of services across the unique challenges faced by families and children: parenting, early childhood development, family mental health, family relationships, and families experiencing domestic and family violence. While we understand the department aims to reduce the administrative burden, this should not come at the expense of meeting the distinct, unique and critical needs of our communities. It should also not come at the expense of choice of providers.

