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

Organisation

Organisation name

Intereach

Is your organisation....?

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

What type of service or support do you mostly provide?

- Prevention or early intervention services

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

- New South Wales

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

Regional area

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

The proposed vision that all children and young people are supported by strong families who have the skills and confidence to nurture them resonates strongly with what Intereach seeks to achieve across the communities we serve. It captures the universal aspiration for children to grow up safe, supported, and connected, while recognising the central role families play in shaping resilience and wellbeing. This aligns closely with the core purpose of both ROAR (Family Mental Health Support Services) and the Children and Parenting Support (CaPS) program, which target intervention at different but complementary points along the prevention and early intervention continuum.

We believe the vision would be strengthened by explicitly recognising two critical elements: the foundational role of mental health and emotional regulation in childhood development, and the voice of children and young people in shaping the services designed for them. As it stands, the vision implicitly references resilience and capability, but these outcomes depend heavily on children's access to developmentally attuned mental-health support, particularly during times of transition or adversity. Without naming mental health as a core component of

nurturing strong families, there is a risk that early intervention may continue to be interpreted narrowly as behavioural or parenting support, rather than as a holistic approach to emotional, relational, developmental, and psychological wellbeing.
In addition, a truly future-focused vision should affirm that services are not only for children and young people but also shaped with them. Embedding child and youth voice in service planning, review, and evaluation ensures that supports remain relevant, culturally safe, developmentally appropriate, and responsive to their lived experience.
Finally, further clarity would be valuable regarding the intent behind "co-located and integrated support". Many rural and regional communities like those served by Intereach operate within thin markets where physical co-location may not always be feasible. If the vision is to promote collaborative, connected service ecosystems, it would be helpful to specify that co-location can include shared governance, shared intake pathways, warm referral processes, digital integration, and cross-agency presence, rather than only physical co-location of services.
With these enhancements, the vision would more fully reflect what families, practitioners, and communities identify as foundational to thriving children: emotional wellbeing, relational safety, culturally grounded support, and meaningful participation in decisions that affect their lives.

2. Are the two main outcomes what we should be working towards for children and families? Why/Why not? - Outcome 1: Parents and caregivers are empowered to raise healthy, resilient children - Outcome 2: Children are supported to grow into healthy, resilient adults.

Outcome 1: Parents and caregivers are empowered to raise healthy, resilient children
Outcome 2: Children are supported to grow into healthy, resilient adults
Intereach supports the two proposed outcomes, which clearly articulate the dual focus required for effective child and family work: equipping caregivers with the knowledge, confidence, and capability to provide nurturing environments, and ensuring children and young people themselves have access to the supports that enable them to develop into confident, healthy adults.
Both outcomes strongly align with the delivery principles and evidence base underpinning ROAR (FMHSS) and CaPS. ROAR focuses on early identification of emotional and mental-health challenges, supporting children and young people to stabilise distress, build coping strategies, and strengthen their connection to family and community. CaPS, similarly, empowers caregivers to foster positive parenting, responsive relationships, and safe home environments. Combined, these service functions map directly onto the desired outcomes.
However, we note that achieving these outcomes requires explicit

acknowledgement of two critical developmental periods that are currently under-emphasised in the proposed outcomes:

1. Middle childhood (8–12 years) a key stage for emotional regulation, peer relationships, identity development, and early signs of mental-health distress.
2. Adolescence (12–18 years) a high-risk period for emerging mental-health issues, school disengagement, family conflict, and vulnerability to harm.

Both periods are central to FMHSS/ROAR and represent windows where early intervention can fundamentally alter long-term trajectories. Without explicit reference to these age groups, there is a risk that commissioning decisions become disproportionately weighted towards early childhood (0–5 years), despite clear evidence that adolescent mental health is a significant national priority.

We also recommend strengthening the outcomes by explicitly naming mental health and emotional wellbeing as integral to resilience. Evidence shows that resilience is not only the absence of risk factors but is cultivated through experiences of connection, emotional safety, and developmentally matched support, areas where ROAR and CaPS make significant contributions.

Finally, we strongly support an outcomes framework that recognises the voice, agency, and lived experience of children and young people. Empowering children to participate meaningfully in decisions about their support is not only a rights-based obligation but also a protective factor that strengthens engagement, ownership, and long-term outcomes.

The outcomes are appropriate and aligned with our vision and practice, but would be strengthened by explicit recognition of mental health, adolescent development, emotional regulation, and child/youth voice as core determinants of resilience.

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

The move toward a single national program represents a significant opportunity for Intereach to deliver more coherent, integrated and responsive services across our child, family and mental health programs. At present, operating under multiple DSS agreements such as FMHSS (ROAR), CaPS, and other complementary programs creates duplication in reporting, compliance, and contract management. A unified grant agreement and consistent reporting framework would substantially reduce administrative burden and free up organisational capacity to focus on direct service provision rather than contract fragmentation.

A single program also introduces greater strategic flexibility. It allows Intereach to design holistic supports that reflect the real complexity of family needs, rather than segmenting children and families into program silos that may not align with how challenges present in practice. Families who experience multiple and compounding issues including CYP emerging mental-health concerns, parenting stress, family conflict, isolation, or developmental vulnerabilities rarely fit neatly

within a single program boundary. The proposed reform offers the ability to integrate supports across prevention, early intervention, and more intensive service responses, enabling smoother transitions and shared planning across teams.

The value of this flexibility, however, depends on ensuring that the structural elements of the new program do not unintentionally obscure or weaken specialist workforces. FMHSS/ROAR provides a distinctive early-intervention mental-health function that sits between general family support and clinical services in Headspace. If this role is not explicitly recognised at the program design level, there is a risk that mental-health early intervention becomes diluted or absorbed into general parenting or family support activities. Clear descriptors and commissioning guidance are essential to safeguard the visibility and integrity of FMHSS-style supports within Stream 2. With this clarity, a single national program would offer Intereach greater autonomy to design joined-up, child-centred, family-led supports across rural and regional communities.

4. Does the service or activity you deliver fit within one of the three funding streams? Do these streams reflect what children and families in your community need now – and what they might need in the future?

Intereach delivers a range of programs that map strongly to Streams 2 and 3 of the proposed program structure. ROAR (FMHSS) aligns with Stream 2: Prevention and Early Intervention, providing early mental-health support to children and young people who show early signs of distress, emotional dysregulation, or vulnerability in family functioning. CaPS fits naturally within Stream 2 as well, supporting parenting capacity, parent–child relationships, and family strengthening through evidence-informed programs. In cases where family complexity escalates such as exposure to violence, persistent conflict, or chronic stress are components of our practice can also align with Stream 3: Intensive Family Support, particularly where structured, multi-session work is required to stabilise risk factors; however, we only provide this when family preservation is not accessible and the intention is to return to an early intervention focus as soon as practicable.

The streams broadly reflect the needs of children and families across Intereach's service footprint; however, there are two areas where additional clarity or refinement is required.

First, the current framing of early intervention does not explicitly mention social and emotional development, despite this being a critical determinant of safety, resilience, and long-term wellbeing. In our communities, unmet social-emotional needs often escalate into more complex presentations requiring Headspace, child mental-health teams, or early childhood developmental services and systems already experiencing significant demand pressures. Ensuring Stream 2 articulates

mental-health early intervention, emotional development, and relational support would strengthen the program's alignment with the needs we observe at the frontline.

Second, the program structure should explicitly recognise that supporting parenting capacity often requires direct intervention with the child or young person, especially when the child's emotional or behavioural needs are shaping family functioning. Both FMHSS and CaPS work in this way, combining child-focused and caregiver-focused approaches to shift family outcomes. A flexible interpretation of "parenting support" and "family functioning" that includes direct work with children is essential to maintain effective practice.

Finally, the streams should emphasise child and youth consultation as part of service design and delivery. Understanding the perspectives of children and young people, particularly adolescents, who engage directly with ROAR is central to ensuring that supports remain relevant, safe, culturally responsive, and developmentally appropriate. The future needs of families will depend heavily on how well services engage those they are designed to support.

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

To maximise the effectiveness of the new program and ensure it meets the realities of rural and regional service delivery, we recommend several refinements.

First, safeguarding the visibility and integrity of child and youth mental-health early intervention is crucial. Without explicit recognition of this function, there is a risk that FMHSS-style work becomes absorbed within broader family support, reducing the sector's capacity to intervene early and prevent escalation. This has flow-on effects for families but also for overstretched clinical systems. Dedicated commissioning guidance, specialist capability frameworks, and clear descriptors under Stream 2 would help ensure this essential work remains well-defined.

Second, the program should recognise that children's needs are inseparable from parenting capacity, and that supporting families often requires blending parent-focused and child-focused interventions. FMHSS and CaPS have been highly effective precisely because they can work with the child to stabilise emotional distress, while also supporting caregivers to build capacity. Preserving this flexibility will allow services to continue addressing the relational and developmental factors that underpin family functioning.

Third, embedding systematic consultation with children and young people would ensure program design remains grounded in lived experience. This is particularly important for adolescents, who often navigate stigma, service avoidance, or developmental changes that require nuanced engagement.

Finally, clarity is needed on what constitutes "co-location" and "integration." For

many regional communities, physical co-location is not feasible or may not reflect community preference. Integrated practice might instead involve shared intake pathways, outreach partnerships, coordinated case planning, warm referrals, or shared governance arrangements. Explicitly recognising these models will ensure rural and remote organisations are not disadvantaged in future commissioning processes.

Overall, the proposed reforms have strong potential to improve outcomes across the child and family sector. With targeted adjustments to preserve specialist functions, elevate child and youth voice, and clarify the parameters of integrated practice, the new program can offer a more effective, flexible and community-responsive platform for supporting families.

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

Intereach strongly supports the four proposed priorities. The emphasis on early intervention, family wellbeing, connected services, and strengthening outcomes for Aboriginal and Torres Strait Islander children and families are well aligned with our experience delivering both FMHSS (ROAR) and CaPS across rural and regional communities.

The prioritisation of early intervention is particularly important. Our FMHSS work consistently demonstrates that children often present with early signs of emotional distress, anxiety, or behavioural dysregulation long before they reach thresholds for clinical services. These emerging concerns if identified and supported early can significantly reduce the likelihood of disengagement from school, family relationship breakdown, and later involvement with child protection or youth mental health systems. These priorities therefore reflect the evidence base and the reality of what families need.

We also agree that investments in family wellbeing and breaking cycles of disadvantage are essential. The SCORE Circumstances data we collect through DEX consistently shows improvements in areas such as family functioning, community participation, and psychological health when children and caregivers receive early, well-targeted support. Likewise, Strengths and Difficulties Questionnaire (SDQ) assessments frequently show reductions in emotional symptoms and peer difficulties when children receive structured, strengths-based intervention. These improvements help validate that early supports delivered in partnership with parents have tangible and measurable impacts.

We further support the priority focus on Priority Reform 2 of the Closing the Gap Agreement. Strengthening the ACCO sector through genuine partnership, shared governance, and community-led decision-making is essential for improving outcomes for First Nations children. Intereach continues to welcome and

participate in such partnerships and acknowledges they must be resourced, intentional, and grounded in local community leadership. This aligns with our RAP and work in partnership with Aboriginal Community Organisations and stakeholders.

Finally, the priority placed on connected, integrated services is appropriate. However, achieving this in rural and remote areas requires an understanding of the practical realities of service delivery. Co-location may not be feasible in small communities where population size cannot sustain multiple co-located agencies. In such settings, outreach, in-home support, and shared referral networks are far more effective ways of connecting families to the right support. The priorities should therefore acknowledge that integration can occur through shared pathways, coordinated practice, and mobile service models, not just physical co-location.

Overall, we agree with the four priorities, but their implementation must recognise diverse community contexts and the full developmental spectrum of children and young people.

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

While the proposed priorities are strong, there are several additional areas that warrant further focus to ensure the new program delivers equitable and impactful outcomes across Australia.

First, the priority populations must extend beyond early childhood (0–5 years) to include at-risk adolescents, particularly those aged 8–14 who are, in our experience, most likely to fall through the gaps. These children often present as "too old" for early childhood services and "too young" for youth mental health supports such as Headspace. FMHSS data clearly shows early-onset mental-health symptoms emerge well before adolescence becomes visible to tertiary services. If this cohort is not explicitly recognised, they risk being deprioritised in commissioning despite being one of the most vulnerable groups.

Second, commissioning decisions should consider mental-health need that is not reflected in child protection engagement or SEIFA indicators. Emotional distress, grief, trauma, and family conflict can be profound in communities that do not show high rates of statutory involvement. SCORE data collected through our programs frequently indicates high levels of emotional need even in areas not classified as highly disadvantaged. To avoid systematic blind spots, DSS should ensure that commissioning frameworks incorporate non-stigmatised indicators of wellbeing, including mental health trends, school engagement data, and community-level qualitative insights.

Third, the program would benefit from formally recognising the role of structured

assessments such as SCORE and SDQ as tools that help tailor interventions both to the child's needs and the parent's capacity. Our work shows that SDQ profiles often reveal internalising symptoms (anxiety, withdrawal) missed in referral information, while SCORE highlights shifts in family functioning and psychological health over time. These tools provide both accountability for outcomes and insights that help ensure supports are developmentally matched and evidence-informed. Embedding such tools into commissioning expectations would strengthen consistency across providers.

Fourth, there must be a clear approach for rural and remote communities. Expectations of co-location or extensive wraparound models must be adapted for areas where populations are small, distances are significant, and specialist services are limited. Outreach, in-home support, flexible delivery, mobile practice, and digital service models are the backbone of service access in these settings. DSS should therefore consider:

• tailored commissioning guidance for thin markets
• flexibility in demonstrating integration
• recognition of home-based and outreach service models as essential, not supplementary

Finally, consultation with children and young people should be elevated as a priority. Understanding who we are working with, what they need, and how they define success is fundamental to designing effective early-intervention services. Child and youth voice must inform both program design and evaluation.

Expanding the focus to include adolescent mental health, non-stigmatised indicators of need, structured assessment tools, rural service realities, and meaningful child/youth participation will help ensure the new program addresses emerging challenges and supports the full developmental needs of children and families.

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

The proposed focus areas align strongly with the needs and priorities reflected in Intereach's service delivery across CaPS and ROAR. Our experience demonstrates that effective prevention and early intervention relies on strengthening family relationships, supporting parenting capability, and providing timely assistance to children and young people who are experiencing emotional distress or developmental challenges.

CaPS is inherently positioned to contribute to the goals of improving parenting capacity, particularly for families who are experiencing early stressors that may escalate without support. Parenting groups, individual capacity-building sessions,

and developmental guidance all contribute to creating safe and nurturing environments for children. The program's flexibility enables it to respond to families with emerging risks, including those on the periphery of child protection involvement.

ROAR (FMHSS) works directly with children and young people to stabilise early signs of mental-health challenges, build emotional resilience, and strengthen family functioning. By providing structured, child-focused interventions alongside parental guidance, ROAR contributes directly to preventing escalation into more acute systems such as child protection or tertiary mental health services. This role is particularly important given that many children referred to FMHSS are experiencing distress long before they come to the attention of statutory services.

The focus on young parents (under 25) is particularly welcomed. Young parents represent a cohort at elevated risk of social isolation, financial stress, limited informal support networks, and reduced confidence in navigating infant and child development. CaPS is well suited to expand its reach in this area, providing targeted groups, outreach models, and practical supports that enhance parenting capability and strengthen early attachment. Intereach has observed that relational, strengths-based approaches are especially effective for young parents and can prevent later engagement with more intensive services.

However, to fully meet the needs of families in our region, the focus areas should be broadened to explicitly include children and parents affected by complex trauma, intergenerational harm, and chronic grief. These factors significantly influence family functioning, child development, emotional regulation, and parenting capacity. Without explicit recognition, services risk under-resourcing the intensity and duration of support required to address trauma-related needs.

Longitudinal research, including findings from the Murdoch Children's Research Institute, consistently demonstrates that adversities in childhood including trauma exposure have measurable effects on lifelong health, education, and social participation. Embedding trauma awareness and sustained relational practice within the focus areas would strengthen the program's effectiveness in preventing adverse long-term outcomes.

Overall, the proposed focus areas align well with our current priorities, but their effectiveness would be enhanced by incorporating trauma-informed frameworks and recognising the developmental needs of children who experience emotional distress but are not yet engaged with statutory systems.

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

While the focus areas identified in the discussion paper are important, Intereach's experience highlights several additional groups and approaches that warrant

consideration to ensure the program meets the breadth of community need.
One group that requires explicit attention is children and young people experiencing emerging emotional and behavioural challenges who do not meet thresholds for clinical mental-health services. This "missing middle" often aged between 8 and 14 represents a growing cohort who are too old for early childhood supports, too young for youth-oriented services like Headspace, and whose needs often go unnoticed in formal child protection or educational datasets. ROAR's work demonstrates that intervening early with this group can significantly improve emotional regulation, peer relationships, and family functioning, reducing the likelihood of escalation into more intensive systems.
Another priority group includes families affected by complex trauma, intergenerational disadvantage, and prolonged stress. Trauma-informed approaches should be embedded across all streams of the new program to ensure services are responsive to relational ruptures, grief, and long-term patterns of harm that affect both children and caregivers. Support that is developmental, relational, and delivered over time is essential for sustained change.
We also encourage the department to consider approaches that prioritise place-based and relational models of support, particularly in rural and regional communities. Families in smaller towns often experience limited access to specialist services, and wellbeing is best supported through:

- outreach or in-home models
- community-based hubs
- coordinated wraparound approaches
- integration with schools, early childhood services, and health providers

These approaches strengthen local connections, reduce stigma, and support families who cannot easily travel to centralised services.
Finally, embedding longitudinal data into program design drawing on institutions such as the Murdoch Children's Research Institute would ensure the program remains aligned with evidence on child development, risk factors, and protective influences. Longitudinal findings underscore the importance of sustained support across multiple developmental stages, not solely during early childhood.
The department should consider prioritising children in the "missing middle," trauma-impacted families, and rural delivery models, and should embed longitudinal research into program design. These additions would ensure the new program reflects the realities of family wellbeing across diverse Australian communities.

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

While co-location can be an effective enabler of integrated service delivery, Intereach's experience across diverse rural and regional communities shows that connection and coordination are often achieved through relational, structural, and practice-based approaches, many of which do not rely on shared physical space.

One of the most effective methods is the establishment of integrated governance structures, formal mechanisms that bring together local organisations, community representatives, schools, ACCOs, and health providers to jointly plan, monitor, and respond to emerging needs. These governance arrangements create shared accountability, enable joint decision-making, and ensure that services are aligned, rather than duplicated or fragmented. Intereach recommends that DSS explicitly recognise these models as legitimate forms of integration, particularly in thin markets where co-location is not feasible.

Another approach involves shared intake pathways, coordinated referral systems, and warm handover processes, which can be more impactful than physical co-location. These systems ensure that families receive seamless access to the right support at the right time, reducing the burden on parents and young people who often struggle to navigate complex service systems. ROAR (FMHSS) frequently uses warm referral and joint-session models with CaPS, youth services, schools, and community health providers, which significantly increases family engagement and reduces stigma associated with mental-health supports.

Intereach has also found that place-based partnership models including cross-agency working groups, local teams, and collaborative planning forums are highly effective. Within initiatives such as Project Waterways, multi-agency discussions have highlighted that not all services, including some ACCOs in specific locations, have equal levels of community connection, cultural competency, or resourcing. This reinforces the importance of locally informed decision-making rather than assumptions based on organisational type alone. Place-based approaches must therefore prioritise local knowledge, cultural authority, and genuine relationships, ensuring that both participants and workers maintain choice and control in how services are accessed and delivered.

Outreach and mobile service delivery also play a vital role in connecting families to support. In many smaller or remote communities, physical co-location is impossible due to population size or geographic isolation. Home-based support, outreach to schools and community centres, and integrated digital service options ensure families can access help without needing to travel long distances. These approaches respect the realities of rural service delivery and ensure that coordination does not depend solely on physical infrastructure.

Collectively, these methods demonstrate that service integration is best understood as a continuum of relational practice, shared governance,

communication, and coordinated pathways, rather than the presence of multiple services in a single building.

11. What would you highlight in a grant application to demonstrate a service is connected to the community it serves? What should applicants be assessed on?

A strong demonstration of community connection requires more than describing service activities; it requires evidence that the organisation is embedded within local networks, responsive to community priorities, and trusted by families, partners, and First Nations communities. In a grant application, Intereach would highlight several key aspects of community connection.

First, we would demonstrate our place-based approach, which involves working with communities to identify their priorities, strengths, and aspirations. This includes ongoing consultation with children, young people, families, community leaders, ACCOs, schools, and local councils. Evidence of regular community engagement forums, youth interviews, codesign workshops, and feedback mechanisms would show that services are shaped by the voices of those they aim to support.

Second, we would highlight our partnerships with ACCOs, local organisations, and community-led groups, including shared planning, warm referral pathways, governance participation, cultural guidance, and joint delivery where appropriate. However, it is essential that DSS acknowledge the diversity within the ACCO sector. As noted in Project Waterways, not all ACCOs in every community hold the same level of connection or capacity. Therefore, assessment criteria should consider not only partnership existence but quality, depth, reciprocity, cultural authority, and community endorsement.

Third, we would emphasise our local workforce, including staff who live, work, and have long-standing relationships within the communities they serve. This provides continuity and fosters trust, particularly in smaller towns where relationships are central to engagement.

Fourth, Intereach would highlight our use of local data and evidence, including SCORE outcomes, Strengths and Difficulties Questionnaire (SDQ) insights, and qualitative feedback from families. Demonstrating how these data sources shape program adjustments shows that the service is responsive and grounded in real needs.

Applicants should be assessed on:

- Demonstrated community relationships and cultural partnerships
- Mechanisms for child and youth voice in design and delivery
- Evidence of local governance or participation in shared planning structures
- Quality of partnerships, not just the presence of them
- Responsiveness to rural and regional contexts

• Ability to deliver flexible, place-based supports, including outreach
• Use of evidence and data to shape practice

Finally, organisations should be assessed on their ability to maintain choice and control for participants and staff, ensuring families can access culturally safe, trusted, and personally relevant services rather than being directed solely by structural arrangements such as co-location.

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

While locational disadvantage indicators such as SEIFA, AEDC, NEET and child protection engagement are valuable tools for understanding community need, they do not fully capture the complexity of vulnerability in rural and regional settings. Intereach's experience across multiple communities shows that silent demand and need that does not appear in formal datasets can be significant, particularly in small towns where stigma, limited anonymity, and cultural expectations deter families from seeking help or reporting concerns.

Funding decisions must therefore consider a broader set of factors that influence access, demand, and service viability. In rural communities, thin markets mean that population size and available infrastructure cannot sustain multiple specialist services. A community may appear low-risk on paper while still experiencing high levels of emotional distress, intergenerational trauma, or hidden family conflict simply because families have no safe, confidential, or local avenues for seeking support. Ensuring DSS accounts for thin markets is essential to prevent unintended service withdrawal from communities already facing limited support options.

Geographic spread and transport disadvantage also have a profound impact on service access. Families may live hours away from the nearest service provider, lack a private vehicle, or be restricted by limited public transport. These realities mean that accessing support is not only difficult but sometimes impossible without outreach or in-home services. Funding models must recognise that the cost of delivering services in dispersed regions is significantly higher due to travel time, fuel expenses, and staffing needs, and should ensure that organisations can sustainably deliver across wide catchment areas.

A further consideration is the missing age group, children and young people who fall outside traditional early childhood and youth mental health thresholds. Many children aged 8–14 experience emotional distress, bullying, behavioural challenges, or grief-related concerns but are too young for youth services and too old for early childhood supports. This age group often goes uncounted in conventional risk data, yet FMHSS experience demonstrates they represent a significant proportion of emerging need. Ensuring funding frameworks explicitly

account for developmental vulnerability in middle childhood is essential.
Another critical factor is the purpose of early intervention itself to prevent vulnerability before it becomes entrenched. This requires adequate and stable resourcing, not simply short-term, crisis-oriented funding. Continuity of funding allows providers to maintain local workforce stability, build trusting relationships within communities, and deliver support that is sustained enough to influence long-term outcomes.
Finally, DSS should explicitly consider the potential for funding retreat from rural and remote areas when competitive processes favour high-population regions. To avoid widening the inequity gap, a minimum service guarantee or rural weighting should be applied to ensure all communities maintain access to essential child and family supports. Without such mechanisms, children and families in remote areas risk being left without any service presence at all.

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

The most effective way for organisations to demonstrate alignment with community need is through a place-based model that evidences deep community engagement, local knowledge, and responsiveness to lived experience. Intereach's place-based practice is grounded in long-term presence in communities, ongoing dialogue with families, and partnerships with local services, schools, ACCOs, and community-led groups.
A strong grant application should first show how local needs have been identified, using a combination of quantitative data (e.g., SCORE trends, SDQ results, AEDC profiles) and qualitative insights drawn from community consultation, youth voices, cultural advisory groups, and lived experience input. Organisations should be encouraged to present evidence not only of population-level indicators but also of patterns emerging through local practice, such as rising emotional distress among middle childhood cohorts or increased parenting stress linked to economic pressures.
Second, organisations should demonstrate how services are adapted to local conditions, for example, offering outreach and in-home support in communities without transport options, or designing confidential engagement pathways that reduce stigma in small towns where anonymity is limited. These adaptations show a nuanced understanding of how rurality shapes both vulnerability and help-seeking behaviours.
Third, applications should highlight community-led governance mechanisms, such as advisory panels, lived experience committees, youth councils, or local co-design workshops. These structures ensure that decisions are not made in isolation by service providers but rather guided by the people most affected by

them. DSS should explicitly recognise these mechanisms as valid and rigorous forms of demonstrating community connectedness.

Organisations should also show how they maintain continuity and stability, especially in regions with historical service turnover. Long-term presence builds trust, an essential factor in communities where stigma around mental health or family support can prevent families from seeking help until they have confidence in the service and its staff.

Finally, assessment criteria should ask applicants to demonstrate:

- depth and quality of local relationships
- authenticity of partnerships, not just existence of MOUs
- mechanisms for child and youth voice
- workforce connectedness to community (local recruitment, lived experience, cultural capability)
- flexibility to meet emerging needs across developmental stages
- sustained reach into thin markets and remote communities

These measures ensure that organisations are assessed not simply on outputs but on the strength of their place-based practice, cultural responsiveness, and demonstrated impact on local wellbeing.

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

Intereach strongly supports the intention to prioritise ACCO-led service delivery in communities with significant Aboriginal and Torres Strait Islander populations. ACCOs play an essential role in providing culturally grounded, community-led support that honours kinship systems, cultural identity, and self-determination. To meaningfully increase ACCO participation and leadership within the new national program, the grant process must be intentionally designed to create equitable conditions for ACCOs to enter, participate in, and sustain service delivery.

First, the process must include clear and reasonable transition timeframes. Many ACCOs operate with lean administrative structures and may require additional time to prepare competitive applications, build workforce capacity, or develop governance arrangements for new programs. A phased transition model, coupled with multi-year funding commitments, would support ACCOs to move into expanded service roles without compromising continuity of care for families.

Second, DSS should introduce co-design funding and partnership development grants that specifically support ACCOs and non-Indigenous organisations to work together during the pre-commissioning stage. These grants would enable:

- joint planning workshops
- community consultations
- shared workforce development

• cultural governance structures
• design of referral pathways and integrated practice models

Such investments would allow ACCOs to lead service design in ways that reflect community priorities, while supporting non-Indigenous organisations to appropriately adjust their role within the local ecosystem.

Third, the grant process must provide clarity and flexibility in commissioning models. Many ACCOs prefer partnership-based approaches rather than assuming full delivery responsibility immediately. Providing options for subcontracting, dual commissioning, or shared-governance models would allow ACCOs to select the arrangement that best reflects their capacity and community context. This also reduces the risk of service instability during transitions, particularly in rural or remote areas where workforce recruitment is challenging.

Finally, the grants process should recognise the importance of cultural authority, local relationships, and community trust as core assessment criteria. ACCOs that have deep cultural and relational ties but may not yet have large-scale administrative structures should not be disadvantaged by overly complex procurement requirements. Streamlined application processes, alternative evidence requirements, and capability-building supports will help ensure ACCOs are positioned to lead service delivery sustainably and confidently.

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

To genuinely improve outcomes for Aboriginal and Torres Strait Islander children and families, the program design must embed principles of self-determination, cultural safety, continuity, and long-term relationship building. Intereach's work in regional communities underscores that culturally strong outcomes arise when services honour cultural knowledge, build genuine trust, and work alongside community leaders over many years.

First, the program should enable culturally-led governance structures at both local and national levels. Decision-making should include ACCO representatives, Elders, cultural practitioners, and Aboriginal community members with lived experience. These structures must influence program oversight and evaluation frameworks, outcome measures, and service system design.

Second, DSS should support models that reflect the reality that trust takes time. Intereach's experience shows that earning a "social licence" within First Nations communities requires consistent presence, humility, reciprocity, and responsiveness. Funding cycles that are too short to build and sustain trust can undermine engagement and weaken outcomes. Multi-year agreements and stable funding pathways should be considered essential components of program design for communities where trust in mainstream systems has been compromised by

historical trauma.
Third, the program should embed cultural safety requirements that go beyond training modules. Culturally responsive practice must be demonstrated through:
• active involvement of Aboriginal workers and cultural mentors
• support for culturally specific program elements
• flexible delivery models that honour cultural obligations, Sorry Business, kinship structures, and community rhythms
• workforce pathways for Aboriginal staff, including leadership opportunities
Fourth, the program should invest in local community infrastructure, especially in smaller towns where ACCOs may not yet have a physical presence. Mobile hubs, outreach partnerships, shared spaces, and layered supports can provide culturally anchored service access even in areas without established ACCO facilities.
Fifth, outcome frameworks must recognise the cultural determinants of wellbeing, including identity, belonging, language, connection to Country, community leadership, and kinship structures. These determinants are central to children's resilience and should be reflected in reporting mechanisms and high-level program goals.
Finally, ongoing relationship-based engagement with First Nations families should be embedded in program expectations. Intereach's experience confirms that consistent participation in community events, cultural gatherings, and local decision-making forums builds the trust necessary for genuine collaboration. This work is relational rather than transactional, and the program design should account for the time and resources required to do it well.

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

Intereach supports the continued use of DEX reporting and welcomes a shift toward more meaningful qualitative and outcomes-focused data that reflects the real experiences of children, young people, and families. While the SCORE framework is useful, further refinement would help organisations better understand the nuances of change over time.
To strengthen our ability to assess impact, data should include:
Clearer guidance and workforce development for using SCORE and related measures. FMHSS and CaPS staff routinely use SCORE to track changes in family functioning, psychological health, and community participation, but the quality and consistency of data rely on practitioner confidence and shared interpretation. Additional training, worked examples, and explanatory materials would help ensure data is both reliable and meaningful.
Flexibility to match measurement tools to activity type and intended outcomes. A single measurement system cannot capture the full breadth of early intervention,

particularly across diverse cultural contexts, developmental stages, and family presentations. Allowing a selection of validated tools while still ensuring comparability would prevent tokenistic reporting and support genuine insights into impact.

Culturally relevant measures. Many standardised tools are not culturally safe or culturally validated for Aboriginal and Torres Strait Islander communities. Program design and measurement should enable ACCOs and mainstream providers to embed culturally grounded indicators of wellbeing, identity, belonging, connection to Country, and kinship support.

Longitudinal outcome tracking. Short-term measures can underestimate the value of early intervention. Longitudinal insights including repeated SDQ assessments, follow-up SCORE measures, and family feedback months after service completion would help confirm whether early gains are sustained and where additional support might be needed.

Qualitative insights embedded alongside quantitative data. Stories, quotes, practitioner observations, and child or youth voice provide essential context to explain why change occurred and what enabled it. These insights often capture shifts such as improved emotional regulation, safety, or school engagement that may not immediately translate into numerical changes.

17. What kinds of data or information would be most valuable for you to share, to show how your service is positively impacting children and families?

To demonstrate genuine impact, Intereach would prioritise sharing integrated quantitative and qualitative data that illustrates both measurable change and the lived experience of families.

The most useful information includes:

• SCORE Circumstances trends, particularly in psychological health, family functioning, community participation, and personal wellbeing.

• Child-focused measures, such as Strengths and Difficulties Questionnaire (SDQ) data, showing reductions in emotional symptoms, peer problems, and conduct difficulties.

• Parent-reported changes in confidence, stress levels, and capacity to meet children's needs.

• Warm referrals and service integration data, demonstrating how families are supported through coordinated networks rather than isolated interventions.

• Youth and child voice, expressing firsthand experiences of safety, inclusion, emotional regulation, and relational connection.

• Short case stories, anonymised and ethically prepared, that highlight key change moments without sharing identifiable detail.

This information must be framed within a Program Logic, making clear the pathway

from activity to outcome. This ensures data is not presented in isolation but understood as part of a broader theory of change.

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

For FMHSS (ROAR), the most relevant SCORE Circumstances domains are:
• Psychological Health, capturing emotional distress, anxiety, self-regulation, and mental-health outcomes for children and young people.
• Family Functioning, reflecting relational changes, communication patterns, conflict resolution, and the capacity of caregivers to meet children's needs.
• Community Participation and Networks, recognising that social isolation, stigma, and limited local supports are major barriers to help-seeking in rural towns.
For CaPS, the relevant domains include:
• Parenting Skills and Confidence
• Family Functioning
• Personal and Family Safety
• Material Wellbeing, where stressors such as financial pressure or housing instability are impacting family capacity.
These domains provide meaningful insight into both individual and family-level change when used consistently and with appropriate practitioner oversight.

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

Intereach would welcome templates that support clear, ethical, and meaningful storytelling without placing undue burden on small teams or risking confidentiality, especially in small regional communities.
Effective templates should:
1. Be simple and narrative-focused, avoiding highly produced or promotional formats that are resource-intensive or unintuitive for frontline staff.
2. Prompt reflection on key change moments, such as shifts in family relationships, child emotional stability, or parenting confidence.
3. Include structured headings such as:
o presenting issue
o what support was provided
o what changed and why
o how the family experienced the support
o what long-term outcomes are anticipated
4. Prioritise privacy protections, particularly in small towns where a combination of details can inadvertently identify a family. Templates should include prompts such

as “remove any specific dates, locations, or features that could identify the individual.”
5. Encourage inclusion of child and youth voice, where appropriate and safe.
6. Provide worked examples to illustrate how abstract concepts like family functioning or emotional regulation can be described without breaching confidentiality.
7. Allow flexibility for ACCOs and culturally informed services to use culturally grounded storytelling formats that reflect community preferences and practices.
DSS should ensure that qualitative requirements do not disproportionately burden smaller teams. Templates and expectations should align with realistic workload capacity and the expertise of practitioners whose core role is therapeutic or relational support, not administrative production.

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

To Intereach, a relational contracting approach represents a shift from transactional, compliance-driven funding arrangements to a trust-based, partnership-driven model that centres outcomes, shared problem-solving, and community responsiveness. In practice, relational contracting means working collaboratively with DSS to adapt to emerging needs, respond quickly to local context, and maintain a continuous focus on improving outcomes for children, young people, and families.
Relational contracting is particularly well suited to FMHSS (ROAR) and CaPS, where demand fluctuates, presentations vary in complexity, and community needs can change rapidly due to social pressures, critical incidents, school transitions, or local stressors. A relational approach enables services to reallocate resources, trial new approaches, and respond flexibly without navigating lengthy contract variation processes.
Key characteristics of relational contracting include:
• Flexibility and agility to adjust service delivery methods, outreach, staffing, or group work based on real-time community need.
• Outcome-focused commissioning, where the emphasis is on meaningful change for families rather than strict adherence to fixed activity descriptions.
• Mutual accountability, with shared responsibility for identifying challenges, risks, and opportunities.
• Stronger collaboration, including joint planning, reflective practice, and integration of place-based knowledge into decision-making.
Intereach recommends that DSS incorporate the following criteria into relational contracts:
• Established local partnerships with ACCOs, community-led groups, local

councils, schools, and health providers, demonstrating genuine embeddedness in community life.
• Evidence-informed practice, showing that interventions and service models are grounded in research, sound clinical frameworks, and culturally appropriate methods.
• Demonstrated capability for shared governance, including experience participating in local advisory groups, integrated governance structures, or multi-agency planning forums.
• Ability to capture and communicate local knowledge, ensuring community insights and lived experience inform ongoing service adaptation.
• Workforce capability and stability, recognising that consistent, trusted workers are central to relational practice and positive outcomes. Relational contracts should value organisations that invest in staff development, retention, supervision, and reflective practice.
• Commitment to elevating participant voice, ensuring families, especially children and young people inform continuous improvement and local decision-making.
Relational contracting only works when trust flows in both directions. For this reason, the development of DSS contract manager capability is essential. Contract managers should be supported to build skills in community engagement, reflective inquiry, partnership development, and adaptive decision-making. This will help make decisions reflect local realities and align with the shared intent of the reforms.

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

The organisations best suited to relational contracting are those with strong place-based presence, deep community connection, demonstrated outcomes, and a track record of collaborative practice. A relational contract should not be awarded based solely on organisational size or administrative capacity, but on qualitative indicators that reflect trustworthiness, cultural responsiveness, and local impact.
DSS could consider the following criteria when determining suitability:
• Evidence of long-standing community relationships, including partnerships with ACCOs, schools, local councils, youth services, and community-led groups.
• Demonstrated ability to adapt services based on local needs, shown through flexible models, outreach initiatives, culturally responsive practice, and tailored interventions.
• Strong performance in DEX and qualitative reporting, demonstrating both accountability and reflective practice.
• Stable and skilled workforce, reinforcing that trusted relationships with families are central to achieving sustained outcomes.

• Commitment to participant voice, including engagement of children, young people, and families in feedback, co-design, and governance.
• Local governance participation, such as involvement in community action groups, interagency networks, joint planning forums, or collaborative case discussions.
• Evidence of cultural safety and partnership with First Nations communities, ensuring programs operate in ways that respect cultural authority and community leadership.

A relational contract is most effective when the provider is recognised by community members as a trusted local partner, not just a funded service. Weighting applications toward community reputation, cultural legitimacy, and relational depth will help ensure relational contracting is awarded where it can do the most good.

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

Intereach is strongly interested in pursuing a relational contracting approach. Our organisational model, workforce culture, and community presence are built on relationships, trust, long-term engagement, and adaptive practice, all of which align closely with the purpose and spirit of relational contracting.

There are several reasons this approach is well suited to our work:
• Our services are deeply place-based, embedded within communities and informed by local voice, cultural knowledge, and shared decision-making.
• We are trusted by community members and by partner organisations, including ACCOs, because of our consistency, grounded presence, and commitment to collaboration.
• We prioritise workforce stability and capability, recognising that children and families build trust with people, not programs. Relational contracts would enable us to maintain and strengthen this stability.
• Our programs rely on flexibility, particularly in FMHSS and CaPS where family needs shift rapidly and therapeutic or support models must adapt accordingly.
• We place strong emphasis on capturing local insights, participant experiences, and community-level feedback to shape service delivery and advocate for community needs.
• We are committed to elevating participant voice, ensuring that families themselves influence service improvement and that children and young people remain central to decision-making.

Finally, relational contracting would support a more mature partnership between Intereach and DSS. It would allow contract managers and service providers to work together in a way that reflects the realities of complex community need rather than

relying on static compliance frameworks that often lag behind real-world conditions. We would welcome the opportunity to contribute to sector learning about best practice in relational contracting.

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

Intereach welcomes the ambition of the proposed national program and supports the intent to simplify reporting, enhance flexibility, and strengthen early intervention. However, several additional considerations are essential to ensure the reforms achieve their intended outcomes particularly for rural and regional communities, children experiencing emerging mental-health concerns, and families whose needs do not neatly align with program boundaries.

First, while we support the shift to a single reporting system, this must be matched with adequate transition timelines, clear milestones, and system-change support. Implementing a new reporting structure across diverse service types is complex and requires training, change management, and testing to avoid disruption to frontline work. The transition must be paced in a way that supports both administrative integrity and service continuity.

Second, DSS should introduce a thin-market safeguard to ensure that rural and remote communities do not lose access to FMHSS or CaPS because of competitive tendering processes that favour higher-population regions. Regional service delivery incurs higher costs due to travel, outreach, digital limitations, workforce shortages, and geographic isolation. Funding models must explicitly recognise these realities and account for the additional time, technology demands, and staffing resources required to maintain equitable access. Without such safeguards, the reform risks unintentionally widening the gap in service provision between metropolitan and non-metropolitan communities.

Third, we strongly recommend including explicit program language acknowledging mental-health early intervention for children and young people as a distinct and essential prevention function. FMHSS experience shows that early emotional distress often precedes later engagement with child protection, youth justice, or clinical services. If this function is not clearly recognised, commissioning decisions may under-prioritise services that play a critical role in reducing vulnerability and strengthening long-term wellbeing.

Fourth, the program design should recognise the value of group interventions, peer support, and community capacity-building, especially in smaller communities where stigma remains a barrier to help-seeking. Evidence from disaster recovery, resilience research, and community-led practice shows that peer support normalises help-seeking, strengthens protective social networks, and builds community capability to support children and young people without long-term

professional involvement. These approaches align closely with the key concerns and priorities expressed by children and young people in recent NSW Advocate for Children and Young People (ACYP) reports, which highlight mental health, belonging, safety, and connection as primary worries.

Fifth, the department should consider the unique needs of farming families, seasonal workers, and highly mobile rural households. These families often experience fluctuating incomes, isolation, and unpredictable patterns of availability tied to seasonal work. Children in these families may experience disruptions in schooling, social participation, and continuity of care. Service models must be designed for consistency even when families cannot be consistent themselves. Flexibility in engagement methods, outreach, and re-engagement after gaps in attendance is therefore essential.

Finally, Intereach encourages DSS to maintain ongoing consultation mechanisms well beyond the initial reform period. As the new national program is implemented, it will be critical to maintain active dialogue with providers, ACCOs, families, and communities to ensure the model is working as intended and remains responsive to emerging needs. Continuous learning, adaptation, and feedback loops are hallmarks of a mature service system and will be essential for long-term success.

The reform has strong potential to improve outcomes for children and families, but its success will depend on careful attention to transition planning, rural equity, the distinct role of early mental-health intervention, community-led capacity building, the needs of mobile rural families, and an ongoing commitment to partnership-based consultation.