

Vision and outcomes

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

All children and young people are supported by strong families who have the skills and confidence to nurture them.

Current DSS Vision:

All children and young people are supported by strong families who have the skills and confidence to nurture them.

This vision is **positive and aspirational**, prioritising family-centred practice—critical for empowering families and helping children thrive.

However, it frames family strength primarily as an **individual attribute**, without acknowledging the broader ecosystem that shapes wellbeing. To fully reflect what children, families, and communities need, the vision should incorporate **enabling environments**—connected communities, coordinated services, accessible supports, local leadership, and structural conditions that promote wellbeing.

Mission Australia's Recommendation

Strengthening the vision to encompass **both strong families and strong community ecosystems** would better align with evidence, reform intent, and lived realities. This approach creates a more integrated framework for child and family wellbeing.

Recommended Vision

Every child and young person grows up feeling safe, loved, and supported by strong families and caring communities. Families have the confidence and resources they need, backed by a connected community network that works together to create opportunities for all to thrive.

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.**

Addressing Gaps in the Proposed Outcomes

While the proposed outcomes are positive and adaptable across diverse contexts, they present **significant gaps** when assessed against the [Department's Families and Children Activity Outcomes Framework with Suggested Indicators](#) and broader reform ambitions.

The current outcomes are a useful starting point but require **further development**. The following recommended outcomes provide a more **holistic, systemic, and culturally responsive framing** that aligns with reform objectives and addresses structural determinants of wellbeing.

Recommended Outcomes

1. Children and Young People Thrive

Children and young people grow up **safe, healthy, and resilient**, with strong cultural and social connections, positive relationships, and meaningful engagement in learning and decision-making.

2. Families Are Strong and Supported

Families are empowered to nurture positive relationships and wellbeing through access to **safe, inclusive, culturally responsive, and evidence-informed supports**, alongside housing stability and financial security.

3. Adults Are Confident and Connected

Adults—including parents and carers—**develop resilience and confidence** in their ability through strong relationships, cultural and social connections, and **active participation in decision-making**. These foundations enable positive parenting and support improved life outcomes for individuals and families.

4. Communities Are Inclusive and Collaborative

Communities are **safe, informed, and cohesive**, with accessible, integrated services and opportunities for all members to participate and support families and children to thrive.

Program structure

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

Designing a Flexible National Program

A single national program can **increase flexibility, reduce duplication, streamline reporting, and align resources with community priorities**. However, flexibility cannot be assumed—it must be **deliberately designed**. To enable genuine local adaptation and innovation, the program should:

- **Empower local governance**
- **Embed relational contracting**
- **Fund collaboration enablers**

Without these elements, flexibility will remain limited, and the reform risks undermining community-led solutions. Flexibility around **scope of services, timeframes, and funding use** must be built into the program architecture—not bolted on later.

Equally, governments must create conditions for **service system integration**:

- **Structural level:** Intergovernmental Agreements and National Strategies across community services, mental health, health, disability, education, and related sectors should embed **common child and family wellbeing outcomes** and **aligned reporting frameworks** that cascade across agencies and programs.
- **Functional level:** Agencies should move toward **joint and co-commissioning** to drive integration and shared accountability.

Practical Actions DSS Could Take to Ensure Flexibility

1. Define Core National Principles

- Establish national program objectives (e.g., outcomes for families and children, equity, accountability).
- Clearly articulate what must be consistent nationally (e.g., reporting standards, eligibility criteria) versus what can vary locally.

2. Build Flexibility into Funding Models

- Use block funding with outcome-based components rather than rigid line-item budgets.
- Allow local co-design of service delivery models within agreed parameters.
- Consider tiered funding formulas that account for regional needs (e.g., remoteness, cultural diversity).

3. Enable Local Governance Structures

- Require local governance bodies (e.g., community advisory groups) to guide implementation.
- Formalise relational contracting—contracts that emphasise collaboration, trust, and shared problem-solving rather than strict compliance.

4. Develop a National Framework for Local Adaptation

- Provide toolkits and guidelines for local adaptation (e.g., templates for governance, community engagement).
- Include flexibility clauses in contracts that allow adjustments based on local evidence.

5. Strengthen Accountability Through Outcomes

- Use both activity-based and outcome-based reporting.
- Implement shared measurement systems nationally, while allowing local indicators to supplement.

6. Invest in Capacity Building

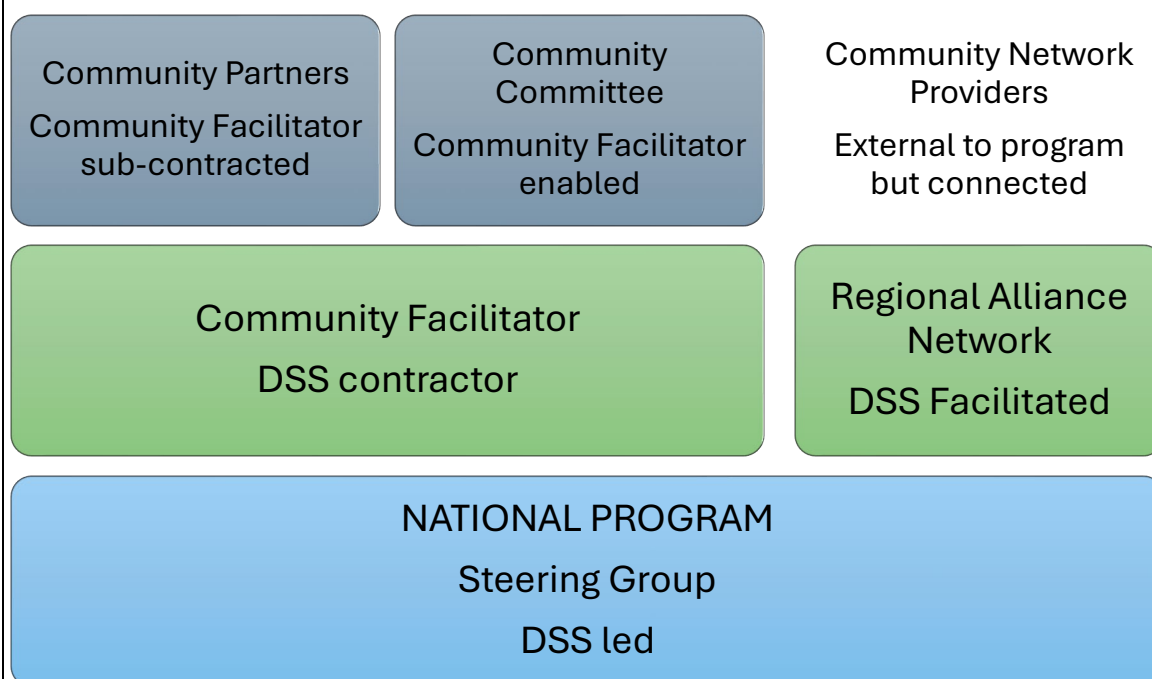
- Fund training for local providers on governance, relational contracting, and adaptive service design.
- Support data capability at the local level for continuous improvement.

7. Pilot and Iterate

- Start with regional pilots to test governance and flexibility mechanisms.
- Use feedback loops to refine the balance between national consistency and local autonomy before scaling.

Recommended Governance Framework for Families and Children Reform

Mission Australia proposes a governance framework for implementing the Families and Children reform through a **place-based, relational contracting model** to maximise flexibility. This approach draws on best-practice principles and adapts elements from **alliance governance structures**. The proposed framework has **six interconnected levels**:



1. DSS-Led – National Program Steering Group (NPSG)

Role:

- Provide whole-of-program oversight.
- Ensure policy coherence and alignment with the national outcomes framework.

Membership:

- DSS policy representatives
- Community providers
- PLACE representatives
- State interface representatives
- Lived-experience representatives

Functions:

- Set high-level outcomes and data standards
- Oversee evaluation and learning
- Establish commissioning guardrails

2. DSS-Contracted – Community Facilitator

Role:

Ensure integration, sustainability, and responsiveness to local needs while maintaining continuity of trust and leveraging existing community strengths.

Key Responsibilities:

- **Lead Collective Impact Measurement:** Facilitate community-level measurement of impact and outcomes.
- **Navigator/Connector Role:** Support children, young people, families, and carers to access services and navigate networks.
- **Develop Community Strategic Plan:** Co-design with Community Committee and partners.
- **Coordinate Governance and Partnerships:** Ensure inclusive governance and strengthen capability.
- **Broker Partnerships:** Build and maintain strong cross-sector relationships.
- **Embed Relational Practice:** Foster collaborative, trust-based approaches within local service systems.
- **Build Community Capability:** Strengthen local leadership, trauma-informed practice, and participation.
- **Drive Integrated Service Systems:** Reduce fragmentation through shared planning, evaluation, and continuous improvement.
- **Coordinate Data and Evaluation:** Collect local data and manage outcome measurement with Regional Alliance Network (RAN).

Membership:

Located within a specific place-based region (e.g., Communities for Children site, Child and Family Centre).

Note: Existing service delivery structures should be preserved wherever possible to avoid duplication and maintain established relationships.

3. Community Facilitator Sub-Contractor – Community Partners

Role:

Listen to local voices, address local needs, and deliver services that close service or system gaps.

Membership:

Local organisations providing tailored family and child services, identified and commissioned (or co-commissioned) locally by the Community Committee in collaboration with the Community Facilitator.

Strategic Community Partners may include:

- Parenting services
- Local councils
- Child & Family hubs or health services
- ACCOs & ACHOs (Aboriginal Community Controlled Organisations)
- CALD support services
- Disability services
- Alcohol and Other Drugs (AOD) programs
- Mental health supports (e.g., FMHSS, headspace)
- Family and domestic violence services

- Housing and tenancy sustainability supports

Functions:

Deliver specialised, culturally safe assistance to ensure families have access to integrated and responsive support.

4. Community Facilitator Enabled – Community Committee

Role:

Place-based decision-making, local co-design, risk management, and stewardship of the Community Strategic Plan.

Membership:

An alliance of Community Facilitator, Community Partners, ACCOs, schools, health bodies, councils, and other community representatives.

Decision Rights:

- Determine service mix and set local priorities
- Allocate funding and approve corrective plans for KPI shortfalls
- Authorise early reallocation of underspend and manage overspend risk
- Establish practice standards

Functions:

- Identify local needs and gaps
- Plan services responsive to community context
- Ensure inclusive processes for shared decision-making

5. DSS-Facilitated – Regional Alliance Network (RAN)

Role:

Integrate federal, state, and regional efforts; coordinate with Community Facilitator.

Membership:

Federal and state agency representatives, DSS regional reps, Community Committee reps.

Functions:

- Regional capacity building
- Develop regional action plans
- Coordinate data and systems

6. External – Community Network Providers (Outside DSS Program)

Role:

Provide services and supports funded by other agencies.

Membership:

Local services funded by other Federal agencies, State/Territory governments, or other funders, such as:

- Employment services
- Health or Primary Health Network services
- Education Department programs
- Housing and tenancy support

Functions:

Other funders, led by DSS, should actively encourage and support providers to engage with the DSS program to ensure the best possible assistance for children, young people, families, and communities.

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?

Our Position

We support **progressive universalism**—universal access to services with prioritization for those with greatest need—alongside **early intervention** and **step-up pathways** that allow families facing complex challenges to move in and out of programs as needed. Success depends on **flexibility and integration**, not rigid stream boundaries, to deliver **holistic, seamless support**.

Key Considerations

- **Flexibility Across Activities**
Families experiencing intergenerational challenges require **ecosystem-oriented approaches** with clear pathways into and across **prevention, early intervention, and intensive support**.
- **Integration with State-Funded Services**
Clear delineation is essential to **prevent duplication** and strengthen the continuum of care, ensuring services **complement—not compete with—state programs**.
- **Access Beyond Streams**
Funding streams must **not limit children, young people, individuals, and families** from accessing the service they need **when they need it**. Movement between streams should be **fluid and responsive** to changing circumstances.

Funding Streams

1. **National Universal Services**
Broad-access platforms (hotlines, websites) for initial engagement.
2. **Connected Community Services**
Local hubs for prevention, early intervention, and linkage to specialist supports.
3. **Specialist Services**
Intensive interventions for complex needs, including:
 - Therapeutic and health services
 - Education and child protection
 - Housing and homelessness
 - Financial wellbeing and capability initiatives

Outcome

A **sustainable, integrated system** that delivers **seamless, culturally grounded, and adaptive support**, improving family wellbeing and reducing duplication across sectors—while ensuring **flexible movement between levels of support as required**.

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

Enhancements to Strengthen Community Impact and Provider Support

To ensure the program effectively meets community needs and supports service providers, we recommend the following enhancements:

1. Recognition of Regional, Rural, and Remote Nuances

While the Discussion Paper acknowledges unique community needs, **regional, rural, and remote contexts must be explicitly addressed**. These areas face distinct challenges in transport, service access, workforce availability, and infrastructure. Solutions should be **tailored and scalable**, ensuring equity and sustainability across diverse geographies.

2. Addressing Structural and Social Determinants

The program should explicitly recognise **poverty, cost-of-living pressures, housing insecurity**, and other social determinants impacting families. Funding should enable **locally tailored strategies** that address these broader conditions, fostering **safety, belonging, and long-term wellbeing**.

3. Practical Supports and Accessibility

Funding and guidelines should allow for:

- **Flexible geographical boundaries** to ensure equitable access i.e. ease of transport, and to **adapt catchment areas** as needs shift
- **Investment in workforce capability**, including training, professional development, appropriate remuneration, and leadership programs
- **Translation services** (print and verbal) for inclusivity
- **Travel cost support** to help families reach needed services
- **Connections to financial and material assistance**, which remain a primary concern for families
- **Digital access and capability building** for families living in poverty or remote areas, addressed in national implementation

Prioritising investment

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

1. **Invest early** to improve family wellbeing, break cycles of disadvantage, and reduce the need for later interventions – like child protection.
2. Prioritise **connected, co-located, and integrated services** that work together to meet family needs.
3. Ensure services are informed by, and respond to, **community needs**.
4. **Improve outcomes for First Nations children and families** by increasing the number of Aboriginal and Torres Strait Islander community-controlled organisations (also called ACCOs) delivering supports in locations with high First Nations populations.

The four priorities identified in the Discussion Paper remain critical for improving outcomes for children and families. However, to maximize impact and sustainability, these priorities must move beyond programmatic interventions toward **system-level transformation** that embeds cultural safety, community leadership, and structural equity.

Current service systems are fragmented and reactive, often addressing crises rather than preventing them. Early investment must consider **structural determinants** such as housing insecurity and cost-of-living pressures, which compound disadvantage and hinder positive outcomes. For Aboriginal and Torres Strait Islander families, systemic inequities require **culturally safe, community-led solutions**.

Strategic Priorities

1. Whole-of-Life Investment

- **Action:** Position early investment within a continuum of support across the lifespan—from early childhood through adolescence and adulthood.
- **Why:** Sustained, flexible interventions prevent intergenerational disadvantage and improve long-term outcomes.

2. Relational Integration of Services

- **Action:** Move beyond co-location to shared governance, joint workforce development, and backbone capability for coordination.
- **Why:** Families need seamless, holistic support—not siloed programs.

3. Community-Led Design with Capability Building

- **Action:** Elevate community voice to genuine decision-making authority, supported by resourcing, time, and governance capacity-building.
- **Why:** Without capability-building, community-led approaches risk tokenism.

4. Embed ACCOs in Governance and Delivery

- **Action:** Position Aboriginal Community Controlled Organisations (ACCOs) as leaders and co-design partners, not just service providers.
- **Why:** ACCOs ensure cultural safety and self-determination for Aboriginal and Torres Strait Islander families.

5. Address Structural Determinants of Wellbeing

- **Action:** Integrate sustainable housing, poverty reduction, and cost-of-living strategies into family and child wellbeing policy.
- **Why:** Service integration alone cannot overcome systemic barriers.

Implementation Principles

- **Evidence-Based Alignment:** Integrate with Closing the Gap, Safe and Supported, National Guidelines for Early Childhood Intervention, National Plan to End Violence Against Women and Children, and Thriving Kids.
- **Flexible Funding Models:** Support long-term governance capacity and partnership infrastructure.
- **Measurable Outcomes:** Track indicators such as reduced child protection entries, improved developmental milestones, and increased ACCO governance roles.

Summary Recommendation

Prioritise shifting investment from isolated programs to **connected systems** that enable children and families to thrive. This requires:

- Whole-of-life support
- Relational integration
- Community capability-building
- ACCO leadership
- Action on structural determinants

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

Complementary Investment Areas for Meaningful Reform

While the four proposed priorities are essential, additional areas require focused investment to ensure the reform delivers **sustained improvements for children and families**:

1. Address Service Gaps for Middle Years and Adolescents

Current priorities emphasize early years (0–5), but **significant gaps exist for children aged 6–12 and adolescents up to 18**, particularly during key transitions (e.g., primary to secondary school).

Action: Invest in continuity of support across all developmental stages to reduce wait times and clarify referral pathways.

2. Clarify the Scope of Early Intervention

The discussion paper conflates early intervention with early years. **Early intervention should apply at any age or stage—not only 0–5.**

Recommended Areas of Interest:

- Prevention and early intervention support for children and young people 0-18
- Families who need support to thrive and function well
- Families at risk of child protection involvement
- Young parents under 25 years
- Young people with developmental delays or who would benefit from neuro-affirming practice

3. Strengthen Cross-Sector Collaboration

Integrated responses require alignment **beyond family services**, extending to **education, disability, housing, health**, and other sectors to address complex needs holistically.

4. Address Structural Determinants

Financial insecurity and housing instability are among the most significant gaps identified by communities. Include strategies to address **cost-of-living pressures, housing stability, and crisis support** as part of reform investment.

5. Build Community Capability and Governance

Dedicated funding for **community capability-building, governance, and leadership** is essential to enable genuine co-design and shared decision-making. Without this, community involvement risks being **tokenistic rather than transformative**.

6. Invest in Integration Infrastructure

Integrated systems require **deliberate investment in infrastructure and roles** that sustain collaboration, including:

- Backbone coordination
 - Partnership facilitation
 - Data capability
 - Local learning systems
- Place or hub models** are central to achieving service integration but must be **properly funded with full-time positions**. Short-term or casual arrangements undermine continuity and compromise outcomes.

7. Support Innovation and Continuous Learning

Communities need resources for **local experimentation, evaluation, and adaptive practice**, including participatory methods and **community-defined indicators of success**. This fosters responsiveness and continuous improvement.

8. Commit to Long-Term Investment Horizons

Breaking cycles of disadvantage requires **funding certainty beyond short-term cycles**.

Recommendation: Extended funding arrangements of **5 + 5 years**, subject to performance outcomes and community endorsement, to provide stability and enable maturation of place-based systems.

9. Workforce and Capability

- Address workforce shortages and invest in **adaptive leadership, partnership brokering, and relational practice training**.
- Recognise and fund the **time, skill, and emotional labour** required for authentic partnership work.
- Fund **trauma-informed practice, cultural safety**, and strategies to address shortages (e.g., tele-practice, local therapy assistants, transport support for rural areas).

10. Inclusion of Diverse Communities

Explicitly recognise and respond to **Aboriginal and Torres Strait Islander families, CALD families, children with developmental delay or disability**, and other groups requiring tailored support.

Action: Embed inclusion in **design, delivery, and evaluation frameworks**.

11. Community Safety as an Explicit Priority

Recognise **safety as a core outcome** for children and families, aligning with lived experience and community feedback.

Summary

Expanding investment priorities to include **community capability, integration infrastructure, structural determinants, and long-term systems stewardship** will create the conditions for children and families to thrive—not just the services that support them. Without sufficient investment in the **“how,”** these reforms risk remaining **aspirational rather than transformative**.

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?

Do the Proposed Focus Areas Match Our Service Needs?

The proposed focus areas—supporting families at risk of child protection involvement, young parents, and children aged 0–5—are important and broadly align with the needs and priorities we see across our service footprint. These cohorts experience higher vulnerability, service fragmentation, and intergenerational disadvantage, and benefit significantly from prevention and early intervention approaches.

However, these focus areas alone are not sufficient. To achieve meaningful reform, we need a broader approach that supports **all children and families** and invests in **true prevention—not just early intervention—to break cycles of disadvantage before they begin**.

Key Considerations

1. Broader Service Scope

Programs should not exclusively target young parents or families at risk of child protection involvement. Our services support diverse family types, including:

- Single-parent households
- Blended families
- Kinship care
- Foster and adoptive families
- Same-sex parents
- Multigenerational households

Many families, and individual parents or carers, face multiple challenges that can escalate to child protection involvement—even when they initially engage through early intervention services.

2. Integrated, Place-Based Responses

Family needs rarely exist in isolation. Issues such as poverty, housing instability, financial stress, mental health concerns, and disability often co-occur. Improving outcomes requires **integrated, place-based service systems—not siloed programmatic responses, or separate funding streams**.

3. Clarification on Federal–State Interface

Child protection is state/territory funded. We seek clarity on:

- How DSS will manage this interface
- Whether DSS will provide organisations with child protection data
- Whether the Government will develop consistent national worker checks

4. Evidence-Based Implementation

Focus areas should be operationalised using **best practice and evidence-based approaches**, ensuring consistency and quality across regions.

Defining Wellbeing

Wellbeing should not be defined solely as the absence or reduction of risk and service involvement. It should reflect the **development and strengthening of family and community wellbeing**.

We recommend:

- Establishing a **community-informed definition** of family wellbeing
- Ensuring wellbeing is not measured only by reduced child protection involvement
- Investing in **place-based programs** that prioritise:
 - Connection and participation
 - Accessibility and service navigation
 - Cultural and kinship initiatives

Summary

The proposed focus areas are a strong starting point, but **expanding scope, clarifying interfaces, and embedding integrated, evidence-based approaches** will ensure reforms are inclusive, effective, and sustainable.

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

Are There Other Groups or Approaches the Department Should Consider?

While the proposed focus areas are important, the department should **broaden its scope** to reflect the complexity of family needs and ensure reforms deliver meaningful, sustained improvements. Key recommendations include:

1. Broaden Target Groups

Families, or individual parents or carers, experiencing:

- **Poverty and housing instability**
- **Mental health challenges and substance use**
- **Family violence**
- **Disability**
- **Kinship networks and sibling carers**
- **Culturally diverse and inclusive family structures**, including:
 - Aboriginal and Torres Strait Islander family systems
 - Multigenerational households
 - Extended family and community-based caregiving
- **Multiple intersecting stressors**

These issues often overlap and require **trauma-informed, wraparound approaches**, rather than narrowly defined categories.

2. Flexibility for Holistic Support

Families often present with one issue but disclose multiple needs once trust is established. **Funding models and flexible funding streams should allow time and flexibility** for practitioners to:

- Work relationally
- Address underlying issues
- Coordinate referrals without being constrained by prescriptive eligibility criteria

3. Reduce Prescriptiveness in Key Areas

Anecdotal evidence suggests families **not known to child protection and not young parents often fall through gaps** despite significant need. The new program offers an opportunity to be **less restrictive and more inclusive** of families historically ineligible for support.

4. Address Cultural and Linguistic Diversity

Communities with high cultural and linguistic diversity—including newly arrived families—require **tailored supports**. However, eligibility should not create inequity for other families with similar needs who do not meet narrow criteria. Guidelines must adopt a **needs-based approach** rather than status-based eligibility for greater fairness.

5. Close Gaps in Developmental Support

Late diagnosis of developmental delays is often linked to **rigid eligibility and missed age-stage checks**. Universal principles from frameworks such as the **National Early Childhood Intervention Framework** should inform program design to ensure **timely support for all children**.

6. Invest in Place-Based Services and Integrated Child & Family Hubs

Integrated, place-based services—such as the **First Steps Count Child and Community Centre in Taree**—offer a proven model for supporting families with complex needs. These hubs provide:

- **Co-location with relational practice:** Families access multiple services without retelling their story
- **Multidisciplinary teams:** Working across early childhood, health, family support, and community engagement
- **Safe, culturally grounded environments:** Reducing stigma and increasing trust
- **Natural pathways:** Into early learning, health screening, peer connection, and community-led activities

Investment in place-based models and the relational workforce capability to operate them would create a critical platform for early intervention and system integration, particularly in communities where fragmentation has historically undermined outcomes.

Additional Considerations

- Ensure **state-funded family counselling and support services remain complementary** to federal programs to avoid duplication and prevent withdrawal of state funding when DSS enters the space
- Include **Peer Workers and Lived Experience roles** to strengthen engagement
- Link with **Connected Beginnings, Schools as Hubs, Community of Schools and Services (COSS)** models, and capital investment programs
- Expand **Youth Mental Health services** (e.g., services like Family Mental Health Support (FMHSS) and Headspace) to include younger age groups (8+), as communities identify this as a gap
- Pilot **Community Connector and Navigator roles** to improve access and coordination

Developmental and Behavioural Assessments

Thriving Kids is a **joint federal and state initiative** that requires clear alignment of funding relationships, boundaries, and scope within place-based program areas. Services must be complementary, not duplicative, with strong collaboration mechanisms to avoid overlap and maximise impact.

Funding parameters will influence what is possible, including workforce composition. Often graduate-level professionals may be affordable, while experienced and highly skilled practitioners come at a significantly higher cost.

A **coordinated case management approach** is essential, with a single point of contact to guide families through their journey. Some Communities for Children (CfC) sites already fund allied health and therapeutic roles such as **speech pathologists, music therapists, and art therapists**, which demonstrates the value of integrated supports.

While developmental and behavioural assessments have a role, the model should prioritise **responsive, needs-based support** rather than relying solely on comprehensive assessments that are often constrained by cost, long wait times, and transport barriers. For example, funding speech and occupational therapy through community partners could address immediate needs (e.g., programs like STAR).

Currently, CfC and Family Mental Health Support Services frequently refer children for assessments where available. Strengthening **referral pathways** between Community Partners and specialist services via a **Community Facilitator network** would improve integration and outcomes.

However, many children miss essential assessments due to barriers such as:

- Limited appointment availability
- Long wait times
- Financial constraints
- Transport challenges

These barriers restrict access to allied health professionals (e.g., occupational therapists, speech pathologists, psychologists) and must be addressed as part of Thriving Kids implementation.

The **Families and Children program**, through identified Community Partners, could play a pivotal role in delivering **early intervention and referral elements** of the Thriving Kids model—where staff skills and qualifications allow—while also facilitating connections to more complex therapeutic services. This approach would strengthen **impact, integration, and continuity of care**.

Recommendation

Reduce these barriers through targeted strategies:

- **Mobile assessment services** to bring support directly to communities
- **Targeted outreach programs** for families facing access challenges
- **Allied health workforce development** to increase service capacity
- **Subsidised access** to make assessments affordable for all families

Summary

Broadening eligibility, embedding flexibility, investing in **place-based integration**, and addressing structural and developmental gaps will create the conditions for **family wellbeing—not just service access**. Without these measures, reforms risk remaining **aspirational rather than transformative**.

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?

Effective Ways to Connect and Coordinate Services Beyond Co-Location

True integration does not happen simply because services share a building. It emerges from **cohesive relationships, aligned structures, trust, and shared goals**. Physical proximity is not enough—what matters is the **relational infrastructure, shared accountability, and collaborative practice** that enable services to operate as a coherent ecosystem around families.

Key Principles

- **Invest in the connection, not just the program or a building.** Integration depends on resourcing the activities that build connection—relationship development, shared planning, and joint governance.
- **Funder engagement matters.** Approaches that prioritise trust, flexibility, and shared learning over compliance-driven processes strengthen collaboration and innovation.
- **Integration is about relationships, shared purpose, and enabling infrastructure—not co-location.**

Proven Strategies for Effective Integration

1. Shared Local Governance and Joint Decision-Making

Community-led, cross-agency governance groups create structured mechanisms for:

- Setting shared priorities
- Aligning resources
- Problem-solving emerging issues
- Holding joint accountability for **family outcomes—not just program outputs**

2. Dedicated Backbone or Coordination Roles

Funded roles such as **partnership brokers, collective impact facilitators, and community connectors or navigators** provide the connective tissue that holds local systems together by:

- Ensuring consistent communication
- Coordinating pathways
- Reducing duplication across services

3. Integrated Referral Pathways and Warm Handovers

Agreed protocols for **warm handovers, joint intake processes, and shared follow-ups** prevent families from navigating fragmented systems alone.

Service navigators embedded in place-based services are highly effective in guiding families through complex pathways.

4. Multidisciplinary Practice Teams

Models such as **Team Around the Child** and **case conferencing** bring together practitioners from health, education, early childhood, and family support to:

- Plan collaboratively
- Deliver seamless care—even when services are not co-located

5. Relational Practice Cultures

Integration is driven by **trust**. When practitioners share responsibility and respond flexibly, services operate as a **coherent ecosystem rather than siloed programs**.

6. Data Sharing and Collective Learning Systems

Shared dashboards, joint learning sessions, and reflective practice cycles:

- Create a common understanding of local needs
- Strengthen collective responsibility for outcomes

7. Community-Led Networks and Place-Based Collaborations

Active community participation in system design ensures services:

- Align with local priorities and lived experience
- Foster integration that is **culturally grounded and contextually relevant**

8. Technology-Enabled Collaboration

In regional and remote areas, digital access and capability are required to support leveraging technology for **virtual case conferencing and governance meetings**:

- Connects local place-based supports with specialist expertise
- Reduces isolation and improves coordination

Summary

Effective integration is **relational, systemic, and intentional**. It requires investment in **shared governance, backbone roles, warm handovers, multidisciplinary teams, and community-led networks**, supported by **data systems and technology-enabled collaboration**. Co-location can help—but without these elements, integration remains superficial.

**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?**

What to Highlight in a Grant Application to Demonstrate Community Connection

To show that a service is genuinely embedded in the community it serves, applicants should go **beyond consultation** and demonstrate **trust, shared accountability, and authentic integration within local systems**.

Key Elements to Highlight

1. Strong Local Partnerships

- Active collaboration with **schools, early childhood services, ACCOs, neighbourhood centres, health providers, and community groups**.
- Documented history of **joint initiatives, shared planning, or integrated service delivery**.
- Evidence such as **MOUs, co-facilitated projects**, or participation in models like **Communities for Children Facilitating Partner**.

2. Community-Led Design and Governance

- Governance structures or advisory panels that include **families, young people, Elders, and people with lived experience**.
- Clear processes showing **how community voice shapes service design and ongoing implementation**.

3. Cultural Safety and Responsiveness

- Partnerships with **CALD, disability, and ACCO organisations**.
- Employment of **diverse staff** and commitment to **culturally grounded practice**.
- Evidence of **co-design with communities** and commitment to **self-determination**.

4. Relational Practice and Outreach

- Strengths-based approaches that **build trust and belonging**.
- Examples of **proactive engagement**, such as staff working in community spaces rather than relying solely on referrals.

5. Adaptability to Local Context

- Adjustments to **delivery methods, hours, or locations** based on community feedback.
- Use of **flexible funding** to trial or evolve responses.

6. Participation in Local Networks

- Active involvement in **interagency groups, collective impact initiatives, and local governance tables**.
- Contribution to **system coherence rather than fragmentation**.

Recommended Assessment Criteria

Applicants should be assessed on their ability to:

- Demonstrate **meaningful community connections**, not just partnerships on paper.
- Show evidence of **community-led governance** or clear pathways toward it.
- Collaborate with **diverse cohorts** and uphold **cultural safety and self-determination**.
- Embed **relational, strengths-based practice** in their approach.
- Actively participate in **local service integration efforts**.
- Demonstrate **adaptability and responsiveness** to community priorities.

- Contribute to **alignment and coherence** of the local service system.

Additional Indicators

- Ongoing relationship with a **representative community voice governance or advisory group**.
- Evidence of **co-facilitated or collaborative initiatives** over the past two years.
- At least **30% of staff located in or from the community/region** (to avoid DIDO/FIFO disconnect).
- Collection and use of **quantitative and qualitative data** to understand community strengths, opportunities, and needs.
- Demonstrated **shared learning processes and continuous improvement**.
- **Case studies** showing impact and integration.

Responding to community need

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

Beyond Locational Disadvantage: Factors for Funding Allocation

To ensure funding reflects the **true needs of communities**, the department must look beyond postcode-based measures and consider a broader set of indicators that capture **hidden disadvantage, cultural identity, and community priorities**.

1. Hidden Disadvantage and Social Stressors

Need is not always visible through postcode or property data. Affluent areas can still face:

- Financial insecurity and housing stress
- Domestic and family violence
- Mental health challenges
- Parenting pressures and social isolation

Recommendation:

Combine **quantitative data** with **qualitative insights** from local networks, frontline services, and community consultations to identify hidden stressors.

2. Community Knowledge and Lived Experience

Local communities know what works and where gaps exist. Funding should value:

- Mechanisms for community voice (e.g., advisory groups, Elders' councils, youth panels)
- Evidence of co-design and community-defined priorities

Recommendation:

Require **community engagement evidence** in funding proposals and prioritise initiatives that embed **lived experience in design**.

3. Community Leadership and Governance

Support communities to lead design and oversight. Assess:

- Presence of local leaders, ACCOs, and trusted connectors
- Capacity for shared governance and service ecosystem stewardship

Recommendation:

Invest in **leadership development, governance training, and backbone roles** to strengthen local decision-making capacity.

4. Cultural Safety and Identity

Responses must reflect cultural identity, including:

- First Nations knowledge and leadership
- Local languages, protocols, and practices

Recommendation:

Mandate **cultural safety frameworks** and fund **culturally responsive service models** co-designed with First Nations leaders.

5. Service Gaps for Specific Cohorts

Beyond geography, consider families experiencing:

- Disability or neurodiverse needs
- CALD backgrounds
- Trauma, substance use, or mental health challenges

Recommendation:

Include **equity impact assessments** in funding criteria to ensure services meet diverse cohort needs.

6. Infrastructure and Access Barriers

Account for:

- Transport costs and regional access issues
- Interpreter services and digital inclusion
- Technology-enabled solutions where local services are scarce

Recommendation:

Allocate **flexible funding** for transport, interpreters, and digital connectivity, especially in regional and remote areas.

7. Community-Defined Priorities

Local planning efforts (e.g., collective impact initiatives) reveal what families see as most urgent. Funding should respond to these—not just national classifications.

Recommendation:

Align funding with **community-endorsed plans and collective impact strategies** where they exist.

Additional Considerations

- **Demographic trends** and growth areas
- **Service deserts** with minimal infrastructure
- **Community-led investment strategies** aligned to shared outcomes
- **Genuine engagement**—how questions are asked matters

Recommendation:

Embed **future-proofing criteria** (population trends, infrastructure gaps) and require evidence of **inclusive engagement processes**.

Summary

Understanding need requires more than demographic data. It demands valuing **local knowledge, cultural identity, hidden disadvantage, and readiness for collaboration**. Prioritising these factors ensures investment is **legitimate, responsive, and community-owned**.

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

How Organisations Can Demonstrate They Are Meeting Community Needs in Grant Applications

The strongest way to show genuine alignment with community needs is by providing **evidence of deep, ongoing, and reciprocal relationships with the community**, supported by clear examples of how service models have been shaped by **local knowledge, lived experience, and place-based insight**. This goes beyond consultation—it demonstrates **embeddedness, adaptability, and accountability**.

Organisations should show not only that they **serve the community**, but that they are **of the community**—continually shaped by local voice, led by local insight, and accountable to local priorities.

Key Indicators to Include

1. Community-Led Design and Governance

- Evidence that **families, young people, Elders, cultural knowledge holders, and people with lived experience** have shaped service design and priorities.
- Examples of **advisory groups, co-design workshops, community reference panels, or shared governance structures** guiding ongoing decisions.

2. Use of Local Knowledge to Identify Need

- Community-generated data, **participatory research**, feedback loops, and lived-experience storytelling.
- Demonstrates grounding in **local reality rather than external assumptions**.

3. Active, Long-Standing Partnerships

- Collaboration with **cultural organisations, neighbourhood centres, schools, health providers, and local networks**.
- Evidence such as **MOUs, joint initiatives, and shared problem-solving examples**.

4. Adaptability and Responsiveness

- Evidence of changes in **delivery modes, outreach strategies, hours, staffing, or cultural approaches** based on community feedback.
- Case studies showing **flexibility and responsiveness over time**.

5. Engagement in Place-Based or Collective Efforts

- Participation in **interagency groups, collective impact initiatives, and local governance tables**.
- Demonstrates contribution to **system coherence rather than fragmentation**.

6. Local Workforce and Cultural Capability

- Employment of **local staff** and integration of **local cultural knowledge into practice**.
- Training and capability-building initiatives for **cultural safety**.

7. Community Endorsements and Testimonials

- Letters of support from **community leaders, partner organisations, and families**.
- Feedback from program users (parents, carers, children, young people) and **good news stories**.

8. Examples of Innovative Local Practice

- Integrated **place-based or outreach models** that have worked well in the community.

- Evidence of **replication or scaling of successful local approaches**.

Types of Evidence to Strengthen Applications

- **Qualitative Data:** Stories from people served and partner organisations.
- **Case Studies & Consultation Reports:** Explicit examples of how needs were investigated and addressed.
- **Impact Assessments:** Change stories, trend data profiles (10–20 years), and evaluations.
- **Multimedia Evidence:** Videos, good news stories, and testimonials.
- **Engagement of Lived Experience:** In voluntary or paid roles to inform service design and delivery.

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?

Expanding ACCO Service Delivery for Children and Families

To increase the number of Aboriginal Community Controlled Organisations (ACCOs) delivering services to children and families, the grant process must embed **flexibility, capability-building, and culturally grounded governance**.

1. Dedicated and Flexible Funding Streams

- **Targeted Funding Pools:** Create specific allocations for ACCOs, prioritising regions with significant Aboriginal populations.
- **Flexible Transition Timelines:** Allow sufficient time for workforce development and service establishment to strengthen local capacity.
- **Long-Term Funding Certainty:** Offer extended funding cycles to enable ACCOs to plan, grow, and sustain culturally grounded supports.

2. Relational and Locally Grounded Commissioning

- Shift from transactional submissions to **dialogue-based commissioning** that builds trust and relationships.
- Align funding decisions with **community-defined priorities**, informed by ACCOs, Elders, and local voices—not government assumptions.
- Provide **technical assistance and mentoring** for grant writing, compliance, and reporting.
- Require processes that demonstrate **cultural safety and shared governance**.
- Embed **Aboriginal leadership** in assessment panels and governance structures.
- Ensure decisions reflect **cultural knowledge, local context, and Aboriginal-defined priorities** for children and families.

3. Partnership and Transition Options

- Enable **joint funding models** where ACCOs partner with mainstream organisations during transition.
- Develop **ACCO-led transition strategies** tailored to regional contexts, ensuring readiness before full delivery responsibility.
- Invest in **peer support roles** to build ACCO capability and confidence—measured as a key outcome.
- Support emerging ACCOs through **informal networks, nexus centres, and enabling grants**.
- Create **integrated service models** allowing ACCOs to participate meaningfully without full delivery responsibility.
- Provide **independent application assistance** and remove unnecessary barriers.
- Respect **client choice**, acknowledging that families may prefer ACCOs or mainstream NGOs depending on circumstances.

4. Culturally Appropriate Data Collection

- Use **story-based and participatory methods**, such as:
 - Yarning circles for collective reflection.
 - Community-led surveys in plain language and culturally relevant formats.
 - Reflective interviews respecting cultural protocols.
- Integrate **local indicators co-designed with Elders and community leaders**.
- Ensure tools are **adaptable to diverse cultural contexts**.
- Prioritise **voice and choice**—families and communities define success and how it is measured.

Summary

A grant process that embeds **flexibility, capability-building, relational commissioning, and Aboriginal-led governance** will create the conditions for ACCOs to thrive and deliver culturally safe, community-controlled services for 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?

Improving Outcomes for Aboriginal and Torres Strait Islander Children and Families

To achieve better outcomes, program design must go beyond increasing ACCO service delivery and embed principles that reflect **local aspirations** and deliver **meaningful impact**.

1. Flexibility for Locally Designed, Community-Driven Models

Communities differ in histories, strengths, and needs. Funding should enable ACCOs and communities to design **locally relevant approaches**, free from rigid program categories or prescriptive activity lists.

2. Workforce Development for Aboriginal and Torres Strait Islander Staff

Investment should strengthen the Aboriginal and Torres Strait Islander workforce across both ACCOs and mainstream providers through:

- **Training and professional development**
- **Mentoring opportunities**
- **Wellbeing support for Aboriginal staff**

3. Strong Requirements for Cultural Safety Across All Providers

All organisations, including non-ACCOs, must demonstrate:

- **Culturally safe practice**
- **Partnerships with ACCOs**
- **Aboriginal employment strategies**
- **Ongoing cultural learning**

4. Support for Partnerships, Not Just Individual ACCO Service Delivery

To strengthen the ecosystem around families and prevent duplication, DSS should incentivise **genuine collaboration** between ACCOs and mainstream providers through funding, governance, and accountability mechanisms:

- **Embed Partnership Requirements in Grant Guidelines:** Make collaboration and co-design a criterion for funding eligibility.
- **Performance-Based Incentives:** Include partnership indicators in reporting frameworks and prioritise organisations that deliver joint initiatives and shared outcomes.
- **Capacity-Building Support:** Provide training and technical assistance for collaborative practice, cultural safety, and governance capability for both ACCOs and mainstream providers.
- **Integration Support:** Fund initiatives that enable ACCOs and other providers to create a **seamless system of care**, ensuring existing ACCO services complement and strengthen the program rather than duplicate efforts.

Summary

Embedding **flexibility, workforce development, cultural safety, and partnership incentives** into program design will create a stronger, culturally grounded service system that improves outcomes for Aboriginal and Torres Strait Islander children and families.

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

Improving Impact and Service Quality: Key Focus Areas

To strengthen our understanding of outcomes and enhance service delivery, we recommend focusing on the following priorities:

1. **Access to Common Data Sources**
2. **Enhancements to the Data Exchange (DEX) and Partnership Approach**
3. **Capturing Voices of Children and Young People**
4. **Real-Time Reporting and Benchmarking**
5. **Measuring the Quality of Relationships**
6. **Community Development Data and Evaluation**

1. Access to Common Data Sources

Minimising data collection for both service providers and service users is critical. This can be achieved by leveraging linked government datasets and common data sources across the service system.

Benefits include:

- Reduced data burden and duplication for providers and families.
- Richer insights into long-term outcomes and cross-sector impacts (e.g., health, housing).
- Improved understanding of service journeys without repetitive requests to vulnerable families.

This approach strengthens impact measurement and supports a more integrated, client-centred system.

What do we mean by “common data sources”?

Common data sources refer to leveraging existing datasets within the service system rather than repeatedly collecting the same information from families and providers. This can include:

- **Internal matching within DEX:** For example, using Statistical Linkage Keys (SLKs) or similar identifiers to identify clients accessing multiple DEX-funded services. This helps build a richer picture of service pathways without additional data collection.
- **External linkage (where appropriate):** Linking with other government datasets (e.g., health, housing) to understand cross-sector impacts and long-term outcomes. This requires careful consideration of **consent, privacy, and governance requirements**.

Practical application:

- **Minimise duplication:** Use common data sources to reduce provider burden and track people along their pathways.
- **Identify journeys:** Use SLKs or similar mechanisms to track clients across DEX services, or other data sources, enabling insights into service pathways and improving integrated, client-centred planning.

2. Enhancements to DEX and Partnership SCORE

Mission Australia maintains high standards in DEX data entry and SCORE utilisation. However, system improvements are needed:

- **Clarify SCORE Circumstance Domains:** Align required domains with program logic and intended outcomes.
- **Expand Definition of 'Matched Pair':** Allow pre-surveys completed earlier to match with post-surveys within a rolling 12-month reporting timeframe.
- **Reduce Duplication:** Capture distinct contractual obligations through DEX or AWP's without double reporting.

3. Real-Time Reporting and Benchmarking

To enhance transparency and continuous improvement:

- **Enable Real-Time Updates:** Through a secure online platform – Grants Portal.
- **Strategic Release of Insights:** Tailored for policymakers, providers, and communities.
- **Combine Data with Stories:** Balance quantitative metrics with qualitative context.
- **Benchmarking Across Providers:**
 - Highlight best practices and areas for improvement.
 - Use interactive dashboards for transparency.
 - Standardise measures for consistency and confidence.

4. Measuring the Quality of Relationships

Trusting relationships between practitioners, children, and families are key drivers of positive outcomes.

To measure this without adding data burden:

- **Refine Existing Tools:** Enhance Satisfaction SCORE and domains to include:
 - Trust
 - Cultural safety
 - Responsiveness
 - Support

5. Community Development Data and Evaluation

To effectively measure progress in community development, a tailored and phased Measuring, Evaluation and Learning (MEL) strategy is essential. This strategy should capture short- and medium-term outcomes, which are critical precursors to long-term population-level results that often take years to materialise.

We also need innovative ways to assess how well Australian communities are building and sustaining the foundations for effective place-based work. Evaluation should not only demonstrate outcomes and impact but also serve as a tool for ongoing learning and continuous improvement.

Key Actions

- **Co-design methods to measure and evaluate outcomes achieved by Community Facilitators and the broader community.**
- Record Community Strategic Plans in the Grants Portal in a way that is distinct from current DEX Client Profile (CP) individual client data collection and reporting.
- Commit to **long-term investment for evaluation** across the lifecycle of place-based work, including capability indicators and mapping social capital across communities.
- Gather strong, **population-level evidence** about **long-term changes** and **model cost avoidance** as part of the **Measuring What Matters Framework**.

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?

Demonstrating Positive Impact: Combining Data and Stories

The most compelling way to demonstrate impact is by blending **quantitative evidence** with **rich qualitative insights**:

- **Numbers provide scale and consistency**—showing reach, engagement, and measurable change over time.
- **Stories reveal meaning**—capturing lived experience and context. Families' voices offer the clearest lens into how services transform daily life, relationships, and long-term wellbeing.

Together, they create a **holistic picture of outcomes and impact**.

Currently, this information is collected through the **Data Exchange** and via **Activity Work Plans (AWPs)** and associated reports submitted through the **Grant Recipient Portal**.

Mission Australia recommends the following improvements to strengthen how positive impacts are demonstrated:

Recommendations for Activity Work Plan Management

- **Enable Ongoing Entry:** Allow continuous updates throughout the reporting period, with quarterly submissions.
- **Capture Large Group Activities:** Include unidentified group activities in the AWP.
- **Ensure Quality Assurance:** Implement internal review and approval processes before submission to DSS.
- **Support Continuous Improvement:** Use reports for quarterly feedback and collaborative discussions with DSS Relationship Managers.
- **Annual Evaluation:** Confirm achievement of contracted outcomes.

What Activity Work Plan Reports Should Include

1. Narrative Evidence and Lived Experience

Stories of change from families and young people, highlighting:

- Increased confidence, safety, and connection.
- Cultural and relational drivers of wellbeing.
- Voices of young people feeling heard and empowered.

2. Methods for Gathering Insights

- Yarning circles
- Reflective interviews
- Community feedback loops
- Qualitative surveys
- Client voice interviews (similar to NDIS models)

3. Community-Led Evaluation Mechanisms

- Story-based impact measures
- Aboriginal concepts of wellbeing
- Local cultural and relational indicators

- Ongoing community-led learning cycles

4. Practitioner Reflections

- How trauma-informed and culturally grounded practices shape outcomes.
- Practice shifts improving service quality.

5. System-Level Stories

- Warm handovers preventing crises.
- Integrated teams providing wraparound support.
- Improved access through local collaboration.

Examples of Evidence

Stories of Change

- Families describing shifts in confidence, safety, connection, and hope.
- Yarning-based reflections on what changed and why.
- Accounts of trust built through consistent practitioner relationships.
- Young people sharing experiences of feeling heard and empowered.
- Social media posts showcasing family voices and local collaboration.

System-Level Coordination

- Warm handovers that prevent crisis.
- Integrated teams wrapping support around families.
- Smoother access to services through local partnerships.
- Feedback on community needs and effective services.
- Articles on community events and partnerships.

Complementary Quantitative Data

- Child wellbeing and developmental improvements.
- Parenting confidence and reduced service escalation.
- Faster access to support and reduced wait times.
- Engagement with cultural or community supports.

Why This Matters

Combining data and stories creates an **authentic picture of impact**—not just improved outcomes, but the journeys, cultural strengths, and moments of connection that made them possible.

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

Relevant SCORE Circumstances Domain and Data Considerations

The most relevant **SCORE Circumstances domains** for services supporting children and families typically include:

- **Personal and family safety**
- **Mental health, wellbeing, and self-care**
- **Age-appropriate development**
- **Family functioning**

Current Limitations

DEX is primarily designed as an **individual case management tool**, which does not support a **community development approach**.

To improve the effectiveness of impact identification data collection and reporting should:

- **Be clear and consistent:** Define specific circumstances to be reported across all contracts to ensure alignment and comparability.
- **Provide service-specific guidance:** Align reporting requirements with the program's logic and intended outcomes.
- **Measure what matters:** Focus on indicators that reflect meaningful change for families and communities—not just compliance metrics.
- **Minimise duplication:** Use common data sources to reduce provider burden and track people along their pathways.
- **Meet contractual requirements:** Capture distinct obligations through DEX or Activity Work Plans (AWPs) to avoid duplication.
- **Enable real-time learning:** Implement rapid-cycle evaluation, participatory methods, and integrated data systems for timely insights.
- **Prioritise relationships:** Treat the quality of relationships as a key lever for impact, alongside measurable outcomes.

Summary

For DEX or other tools reporting to support better outcomes, it must evolve beyond compliance to enable **community-driven insights**, **reduce duplication**, and **prioritise culturally relevant measures** that reflect what success means for Aboriginal and Torres Strait Islander families.

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

Templates and Guidance for Strong Impact Case Studies

To create case studies that truly demonstrate impact, practitioners need **clear, consistent frameworks** and **culturally safe guidance**. Below are the essential components:

1. Structured Case Study Framework

A template should guide practitioners to capture:

- **Starting point:** In the individual's or family's own words, where possible.
- **Relational journey:** How trust was built and what changed over time.
- **Effective supports or approaches:** What worked and why.
- **Turning points or insights:** Key moments that mattered.
- **Outcomes experienced:** Tangible and intangible changes.
- **Family reflections:** Their perspective on what has changed.

This ensures case studies show the **process of change**, not just the endpoint.

2. Prompts for Cultural, Relational, and Contextual Detail

Include guidance to reflect:

- **Cultural identity and strengths** (with consent).
- **Community context and systemic barriers.**
- **Role of relationships** in enabling change.
- **Place-based factors:** Why the approach worked locally.

3. Ethical and Culturally Safe Storytelling Guidelines

Clear instructions on:

- **Obtaining informed consent.**
- **Protecting privacy and anonymity.**
- **Using strengths-based, non-stigmatising language.**
- **When to involve ACCOs or community leaders for review** (data sovereignty).

4. Practitioner Reflection Section

Invite practitioners to share:

- **What they learned.**
- **What they would do differently.**
- **How the system helped or hindered.**

This adds depth and supports **continuous improvement**.

5. Optional Visual and Narrative Elements

Allow for:

- **Quotes and vignettes.**

- **Timelines of the support journey.**
- **Diagrams or flowcharts.**
- **Video, photographs, or art.**

6. Linking Individual Stories to Broader Outcomes

Include a short section connecting the case study to:

- **SCORE domains.**
- **Community-level outcomes.**
- **Service system changes** (e.g., better integration).

Critical Resourcing Considerations

High-quality case studies require:

- **Time** for trust-building, consent, and narrative gathering.
- **Staff training** in ethical and culturally safe storytelling.
- **Reflective practice and review processes.**
- **Infrastructure and digital access** for secure storage and reporting.
- **Support for marketing appeal**—visually engaging, easy to read, and copy-edited for broader use.
- **Investment that reflects actual costs** of producing meaningful qualitative evidence. Without this investment, stories risk being rushed, superficial, or extractive rather than authentic and respectful.

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 Does a Relational Contracting Approach Mean in Practice?

A relational contracting approach moves beyond rigid, compliance-driven models to foster **flexibility, trust, and shared accountability**. In practice, this means:

- **Adaptive responses** to changing community needs
- **Innovation and continuous improvement** in service delivery
- **Strong partnerships** that build local capability and resilience
- **Shared purpose and outcomes** guiding decision-making
- **Agreed behavioural expectations** to underpin trust and transparency
- **Collaborative governance structures** for joint oversight and problem-solving
- **Transparency and information sharing**, enabling evidence-based decisions
- **Shared risk and flexibility**, with mechanisms to adjust as circumstances evolve
- **Outcomes-focused performance**, rather than output compliance
- **System stewardship**, recognising the relationship as part of a broader ecosystem

Why Relational Contracting?

Traditional transactional contracts often fail to address complex social challenges such as family support, homelessness, and community development. Relational contracting offers a better way forward by:

1. Improving Outcomes for People Using Services

- Services tailored to local needs through **co-design**
- Greater **flexibility** to adapt to emerging challenges

2. Strengthening Partnerships

- Builds **trust** between DSS, providers, and communities
- Encourages **collaboration** across sectors, including smaller providers and Aboriginal services

3. Building Capacity

- Supports backbone roles and **capability development**
- **Enhances reporting and governance skills** among community partners

4. Ensuring Transparency and Accountability

- Decisions based on clear, published criteria
- **Inclusion of lived-experience voices** in governance

Mission Australia's Position

Mission Australia strongly welcomes DSS' commitment to adopt relational contracting—a model that provides greater flexibility for both government and service providers to improve outcomes for people with complex needs. Delivery methods must adapt over time, and success depends on **fairness, trust, and genuine partnership**.

Central to this approach is agreeing how **risks and benefits will be shared**, fostering equity and collaboration.

What Should a Relational Contract Include?

A relational contract is a legal agreement built on **shared goals and open communication**. It typically has two parts:

- **Part A:** Agreed values, guiding principles, and governance arrangements
- **Part B:** Required outcomes, target groups, and delivery timelines

Key features should include:

- Shared risks and benefits
- Scope for adaptive resource use
- Continuity of community trust during transitions
- Flexibility to reflect unique community needs, aspirations, and priorities

Core Principles

- Best-for-outcomes decision-making
- Open-book transparency
- No-blame culture
- Embedded lived experience
- Self-determination
- Flexible, adaptive service design

Enablers of Success

- Local decision-making and commissioning (including co-commissioning and joint commissioning)
- Strong pre-launch relationships and co-design of services and ways of working
- Joint training for government, providers, and communities in effective partnering practices
- Ongoing learning, evaluation, and improvement for all parties
- Public accountability and oversight, engaging the Department of Finance and ANAO early to ensure transparency and reduce risk

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

This framework provides a structured, transparent approach for the Department to decide which organisations should be offered **relational contracts** in social services. Relational contracting is essential for achieving complex social outcomes through **collaboration, flexibility, and shared accountability**.

Key Principles

Relational contracts work best when partners demonstrate:

- **Shared purpose & values** aligned with person-centred outcomes and equity.
- **Alliance readiness** through experience in joint governance and pooled resources.

- **Trust and transparency** in budgets, performance, and risk-sharing.
- **Adaptability** to adjust services and KPIs mid-stream.
- **Place-based capability** with strong local partnerships and cultural safety.
- **Commitment to continuous improvement** using data and feedback.

Recommended Process

1. **Define Selection Principles** – Publish clear criteria as the “selection spine.”
2. **Two-Stage Assessment:**
 - **Stage A: Expression of Interest (EOI)** – Evidence of relational track record, governance, cultural safety, and financial openness.
 - **Stage B: Relational Capability Assessment (RCA)** – Practical simulations or interviews to test collaboration, adaptability, and trust.
3. **Balanced Decision Panel** – Include Department, community representatives, lived experience voices, and independent experts.
4. **Transparent Scoring Rubric** – Weight criteria to reflect relational priorities (e.g., governance, community voice, adaptability).
5. **Contracting Approach** – Start relational, stay relational with gateway reviews, relational KPIs, and dispute resolution mechanisms.

Transition Strategy

To manage a hybrid portfolio during transition:

- Develop a **clear roadmap** with phased milestones.
- Invest in **training and capability building** for providers and staff.
- Establish **governance and oversight** to monitor adherence.
- Align **performance metrics and incentives** with relational outcomes.
- Appoint **change champions** and maintain transparent communication.

Implementation Timeline

- **Phase 1 (Months 1–3):** Design & preparation – readiness tool, criteria, governance.
- **Phase 2 (Months 4–9):** Capability building – training, grants, co-design readiness.
- **Phase 3 (Months 10–18):** Pilot relational contracts – monitor and learn.
- **Phase 4 (Months 19–36):** Scale and embed continuous learning.

Key Recommendations

- Endorse a **Relational Contracting Framework** as national policy.
- Establish a **National Program Steering Group** for oversight.
- Allocate funding for readiness assessment and capability building.
- Commit to **transparent decision-making and continuous improvement**.

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

Mission Australia's Position on Relational Contracting

Mission Australia strongly supports the adoption of a **relational contracting approach** within social service delivery. This model aligns with our mission and values and is essential for achieving sustainable, person-centred outcomes in complex social contexts.

Why Relational Contracting Matters to Mission Australia

- **Alignment with Our Purpose**
Relational contracting prioritises collaboration, trust, and shared accountability—principles that underpin Mission Australia's commitment to improving lives and strengthening communities.
- **Responding to Complexity**
Challenges such as homelessness, family support, and community development require adaptive solutions that cannot be fully specified in advance. Relational contracting provides the flexibility needed to respond effectively.
- **Partnership and Co-Design**
We value working in partnership with government, communities, and other providers. Relational contracting fosters genuine co-design and collective problem-solving, ensuring services are tailored to local needs.
- **Shared Risk and Reward**
This approach encourages shared responsibility for risks and outcomes, creating a more equitable and sustainable framework for service delivery.
- **Continuous Learning and Innovation**
Relational contracts enable iterative improvement and innovation, which is critical for addressing evolving community needs and achieving long-term impact.

Mission Australia's Experience with Relational Contracting

In South Australia, Mission Australia is a member of the **Toward Home Alliance** (towardhome.org.au). The Alliance operates under key principles that exemplify relational contracting:

1. Shared Purpose and Vision

- All partners, including government, agreed on a common purpose beyond individual organisational goals.
- A distinct vision for the Toward Home Alliance was developed and adopted by every provider.

2. Joint Decision-Making

- Decisions are made collaboratively through consensus, with government representatives actively involved.
- Governance structures include an **Alliance Leadership Team** (strategic decisions) and an **Alliance Management Team** (operational decisions).

3. Transparency and Accountability

- Full transparency in budgets, KPIs, and resource allocation.
- Surpluses are discussed collectively and reinvested based on agreed priorities.

4. Flexibility and Adaptability

- Ability to reorganise resources and funding mid-contract without lengthy government approval, provided changes align with contract intent.
- KPIs were negotiated after the contract commenced, allowing practical adjustments.

5. Equality Among Partners

- The lead agency does not dominate decision-making; chair roles rotate among organisations.
- Strategic meeting representation is based on purpose, not hierarchy.

6. Collaborative Problem-Solving

- Partners and government work together to address emerging issues (e.g., crisis weather events, service gaps).
- Open dialogue enables solutions without reverting to adversarial contracting norms.

7. Commitment to Continuous Improvement

- Ongoing evaluation and willingness to bring in new partners to strengthen the alliance.
- Annual staff conferences and shared branding reinforce alliance identity and learning.

8. Relationship-Based Governance

- Emphasis on trust, frank conversations, and constructive management of tensions.
- Clear distinction between alliance advocacy and individual organisational lobbying.

Our Commitment

Mission Australia is committed to working collaboratively with the Department and other stakeholders to implement relational contracting and alliance principles, ensuring commissioning is guided by what is best for the people using services.

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

Mission Australia strongly supports the proposed approach. However, several areas of dissonance must be addressed to ensure successful implementation.

Key Areas of Dissonance

Area	Current Issue	Implication
Vision vs Outcomes	Original DSS outcomes are narrow; recommended outcomes are broader and systemic.	Risk of misalignment between vision and measurable goals.
Program Flexibility	National consistency vs local autonomy not reconciled.	Potential tension in implementation and governance.
Early Intervention Definition	DSS conflates early intervention with early years (0–5).	Funding may overlook older children and adolescents.
Federal–State Interface	Lack of clarity on child protection data sharing and worker checks, Thriving Kids.	Operational confusion and duplication risk.
Measurement & Reporting	Community-led evaluation vs DSS compliance (DEX/SCORE).	Risk of burden and inconsistency in reporting frameworks.

Strategic Next Steps for DSS

1. The Risk in Framing

- **Community as the fixer:** If the narrative suggests that community providers can “make it happen” without systemic change, it implicitly absolves government of its role in creating enabling conditions.
- **Consequences:** This can lead to fragmented efforts, burnout, and limited impact because local actors are working against rigid commissioning and siloed systems.

2. Why Government Accountability Matters

- **Shared outcomes:** Without a mandate for shared child and family wellbeing outcomes across agencies (health, education, community services), integration remains optional rather than essential.
- **Commissioning for outcomes:** If agencies are only accountable for their own KPIs, there’s no incentive for joint or co-commissioning.
- **Structural support:** Flexible contracting and pooled funding mechanisms are critical to allow services to collaborate without bending rules or creating workaround solutions.

System Integration – Call for Structural Levers

Integration requires government to:

- Embed shared wellbeing outcomes in agency accountability frameworks.
- Shift commissioning toward joint/co-commissioning models.
- Introduce flexible contracting to enable collaboration at the service level.

Authorisation for action: Without these mechanisms, local integration efforts will remain fragile and dependent on goodwill rather than systemic drive.

Operational Clarifications

A. Clarify Program Logic

- Confirm whether DSS will adopt recommended outcomes or retain original two.

- Define scope of early intervention across all age groups.

B. Balance National Consistency with Local Flexibility

- Embed relational contracting principles in program design.
- Fund backbone roles and governance capacity for place-based decision-making.

C. Strengthen Integration Framework

- Specify expectations for place-based models.
- Provide guidance on Federal–State interface, including data sharing and workforce checks.

D. Align Measurement and Evaluation

- Co-design a dual reporting approach:
 - Standardised indicators for national comparability.
 - Community-led qualitative measures for cultural and relational outcomes.

E. Address Structural Determinants

- Integrate strategies for improving housing stability, cost-of-living pressures, and workforce capability into reform implementation.

Tendering Process

Organisations need clarity on tender options:

Key Question:

Should organisations submit **one consolidated application** for all activities, service types, and regions, or separate applications for each?

Possible Options:

1. Community Facilitator role (including governance and coordination) in specific regions.
2. One or more specialist services in one or more regions.
3. A single service in a single area.
4. A single specialist service in a single area.
5. National Universal Services.

Tender Timeframes and Partnerships:

An **8–10 week application window** is ideal to allow:

- High-quality, collaborative proposals.
- Meaningful engagement with partners.
- Thorough co-design and robust planning aligned with reform intent.

Mission Australia's Readiness

Research shows relational contracts succeed when parties establish strong relationships prior to service launch, co-designing both the service and the “way of working” together (Bajari et al., 2009).

Mission Australia is well-positioned to deliver relational contracts because we have:

- Established relationships with DSS built on collaboration and shared commitment.
- Experience operating within a relational contract.
- Deep community networks enabling effective local engagement.
- Strong partnerships with smaller providers and Aboriginal services for inclusive, culturally responsive delivery.
- Proven capability-building track record, including:
 - Implementing Child and Youth Safe frameworks across diverse communities.
 - Supporting community partners to strengthen reporting and compliance skills.

These foundations position Mission Australia as a trusted partner capable of delivering relational contracts that prioritise flexibility, shared accountability, and outcomes that are best for people using services.