DSS Submission: A New Approach to Programs for Families and Children

Submitted By:

New England Family Support Service (NEFSS)

Summary and Core Recommendations

The New England Family Support Service (NEFSS) welcomes the Australian Government's commitment to significant reform aimed at strengthening support for children, families, and communities through the consolidation of its five separate programs into a single, streamlined national program (Department of Social Services, 2025b). This proposal represents a critical opportunity and would provide increased flexibility for providers delivering multiple program activities—priorities that align directly with NEFSS's integrated, regional service model. The anticipated flexibility afforded by a single grant agreement is expected to significantly reduce bureaucratic load, enabling greater resource allocation toward direct service delivery, which is especially critical in low-density regional settings.

However, the success of this national reform in rural, regional and remote areas—where families face compounded challenges of geographic isolation, socio-economic disadvantage, and significant demand for child protection services (DCJ NSW, 2024)—is contingent upon fundamental changes to how services are commissioned, funded, and measured. The current approach risks perpetuating disadvantage by failing to address the foundational, structural drivers of vulnerability.

Furthermore, reliance on competitive tendering will severely disadvantage smaller, deeply embedded regional providers, threatening service continuity and widening existing gaps in remote outreach areas. The focus on parental capacity (agency) without concurrent measurement of structural security (housing and income) risks placing responsibility on service providers for outcomes that cannot realistically be achieved in isolation.

The following four systemic adjustments are foundational to achieving equitable, sustainable outcomes under the new program:

a. Mandatory Inclusion of Structural Determinants in Outcomes: Explicitly measure progress against core structural drivers—housing insecurity, income poverty, and family violence—alongside parental empowerment metrics.

b. Shift to Place-Based Commissioning (PBC): The national competitive tendering model should be replaced by a long-term, relationship-based commissioning approach tailored to regional population needs, ensuring service continuity and fostering collaboration over competition.

c. Dedicated Regional Infrastructure and Workforce Investment: Establish a specific, ring-fenced funding stream for shared digital infrastructure, common IT platforms, and sustainable regional workforce attraction and retention strategies to combat persistent staff shortages and high delivery costs.

d. Upholding First Nations Self-Determination: Implement dedicated, non-competitive funding streams and relational contracting for Aboriginal Community Controlled Organisations (ACCOs) and mandate adherence to Indigenous Data Sovereignty (IDS) principles across all data collection and reporting activities.

These changes will empower service providers to deliver the coordinated, effective response that the government's reform agenda seeks to achieve.

Section 1: Introduction, Context, and Vision Alignment

Vulnerability and Service Delivery Realities

Services in rural, regional and remote areas operate in a complex environment characterised by vast geography and intersecting vulnerabilities. New England Family Support Service's core mandate is to support all New England families by building parenting and living skills, providing emotional support, and offering access to specialist services and advocacy. These programs focus heavily on building family capacity, improving self-esteem, enhancing parenting skills, and strengthening social connections. These services ensure that support

reaches families who would otherwise face insurmountable barriers to access. Data indicates that the New England area, for example, has a significant Aboriginal population (12% of the total population) and experiences high rates of child protection engagement (DCJ NSW, 2024).

Response to Submission Questions

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

Yes, the new vision articulated by the Department of Social Services—"All children and young people are supported by strong families who have the skills and confidence to nurture them" (Department of Social Services, 2025b)—reflects the sector's universal aspiration and aligns with New England Family Support Service's core purpose of fostering resilience and capability.

However, the vision must be interpreted and operationalised through a rigorous structural lens, particularly in the regional Australian context. In low-socioeconomic areas like parts of New England North West, a family's "strength" is continuously challenged by systemic and structural pressures. When families are grappling with fundamental deficits such as housing insecurity, chronic poverty, and cost-of-living pressures, achieving parental "skills and confidence" becomes secondary to addressing immediate survival needs. The policy implication is that without explicitly committing to mitigating these structural drivers (Social Determinants of Health, SDoH) (Lanphier and Duffee, 2025), the new program's services risk being ineffective in the long term, as the foundation of family stability remains unstable.

The current emphasis risks framing family vulnerability as a deficit in parental agency rather than a consequence of structural insecurity. For example, a single parent facing eviction and food insecurity is demonstrably less likely to achieve the 'skills and confidence' outlined in the vision, irrespective of service quality (CCCH, 2023). Therefore, the policy must integrate a mandate for addressing structural supports (housing, income, safety) to make the vision of family strength universally achievable. The proposed reform emphasises a coordinated response, which is crucial (Department of Social Services, 2025b). However, the current intent to rely on an open and competitive grant process for funding (Department of Social Services, 2025b) presents a significant risk to the stated goals, especially for regional and remote areas.

Question 2: Are the two main outcomes what we should be working towards for children and families? Why/Why not?

The two proposed key outcomes—Outcome 1: Parents and caregivers are empowered to raise healthy, resilient children, and Outcome 2: Children are supported to grow into healthy, resilient adults (Department of Social Services, 2025b)—are foundational and well-aligned with the aspiration of the sector as they establish the necessary focus on prevention, capacity building, and long-term well-being.

However, the current articulation of the outcomes presents a significant policy paradox: the outcomes measure parental agency (skills and confidence) (Department of Social Services, 2025b), yet the increasing complexity and challenges cited by the Department (Department of Social Services, 2025b) largely stem from structural factors such as poverty, family violence, and housing insecurity (Lanphier and Duffee, 2025). Experience demonstrates that these two outcomes are only realistically attainable if the structural barriers are addressed concurrently. Poor caregiver mental health—a significant barrier to Outcome 1—is two to three times more likely among caregivers experiencing income poverty or material deprivation, according to the Centre for Community Child Health (CCCH, 2023).

The Critical Gap: Integrating Structural Drivers into Outcomes Measurement

NEFSS maintains that the new national program must explicitly fund and measure the reduction of structural barriers to ensure accountability and effectiveness. This requires adopting a third, structural outcome to explicitly address systemic inequality and link services to foundational needs:

Families and children achieve safety, housing stability, and economic security.

This recommendation is supported by strong evidence that policies addressing "upstream" social determinants of health (SDoH)—such as education, income, and housing—achieve better population health, reduce inequality, and lead to lower long-term costs than policies focused solely on clinical care (Bradley and Taylor, 2013). Safe and stable housing, for instance, is critically associated with improved health and well-being outcomes, reducing the likelihood of adverse childhood experiences (ASPE, 2022). By incorporating this structural focus, the program legitimises the complex work performed under Stream 3, which supports families facing multiple, complex challenges, often including family violence, substance use, and poverty.

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

Yes, a single national program is anticipated to provide significant practical flexibility for service providers. Currently, providers often manage multiple grant agreements and reporting requirements under various legacy

programs (e.g., Children and Parenting Support, Family Mental Health Support Services, and Specialised Family Violence Services) (Department of Social Services, 2025b).

The proposed shift to one grant agreement, even if services span multiple streams, significantly streamlines administrative processes. This coherence will reduce duplication and free up scarce organisational resources—staff hours currently spent on compliance and grant management (Department of Social Services, 2025b)—to be strategically redirected toward service delivery. This flexibility will allow service providers to rapidly tailor and deploy resources in response to local demand surges, such as increasing family support during economic hardship or regional natural disasters. However, this flexibility is conditional on a verifiable, significant reduction in the administrative burden, or "red tape," cited in the initial proposal.

Question 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?

NEFSS services align primarily with Stream 2 (Prevention and Early Intervention) and Stream 3 (Intensive Family Supports) (Department of Social Services, 2025b). Our core work, including family capacity building, parenting skills training, and early mental health support, aligns directly with Stream 2's focus on evidence-informed services that prevent problems early and support children. Our Specialised Family Support Services work with families at high risk of child protection involvement, align with Stream 3's goal of offering tailored, wraparound support for complex challenges.

The three streams are sufficiently adaptive to reflect both current and future needs. They address contemporary pressures such as domestic and family violence, early mental health concerns, and cost-of-living pressures. The flexibility inherent in the multi-stream approach under a single contract allows New England Family Support Service to integrate new services—such as support for neurodivergent children or specific digital literacy programs—that reflect evolving community demands.

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

The greatest challenges facing rural, regional and remote service providers are systemic and require foundational changes to the commissioning approach and investment in core capacity. New England Family Support Service advocates for three key changes:

a. Shift to Place-Based Commissioning (PBC)

The current reliance on open, national competitive tendering undermines the goals of stability and coordination in regional Australia. Instead, the Department should shift to long-term Place-Based Commissioning (PBC) frameworks. PBC is explicitly designed to operate at the scale necessary for tackling population health challenges and the wider Social Determinants of Health (SDoH) locally. By prioritising joint governance and shared resource alignment, PBC actively works to "unwind competitive tendering," which fragments the service ecosystem.

If New England Family Support Service must argue that addressing SDoH is critical for achieving Outcomes 1 and 2 (Section 2.2), then PBC becomes the necessary delivery mechanism to address those structural factors (Lanphier and Duffee, 2025). PBC mechanisms facilitate integrated working arrangements with critical non-DSS partners, such as local authorities, housing associations, and the voluntary sector. This coordinated approach ensures that local resources are aligned, preventing the fragmentation that competitive funding incentivises. PBC should involve regional service leaders, the community sector, and people with lived experience in joint governance and decision-making structures (NHS Confederation, n.d.; PRU, n.d.). Implementing PBC in regions like New England Northwest, which faces geographical sparsity and complex overlapping challenges (DCJ NSW, 2024), is vital for fostering the stable, continuous service networks required for long-term community resilience.

b. Dedicated Regional Infrastructure and Workforce Investment

The priority of "connected, co-located, and integrated services" (Department of Social Services, 2025b) is functionally dependent on robust organisational and technological infrastructure. This requires two specific investments:

i. **Workforce Capacity and Sustainability**: Dedicated funding must address persistent regional workforce shortages (Department of Social Services, 2025a; Department of Health, n.d.). This requires more than general operating funds; it necessitates establishing specific funding models for professional development, retention incentives, and long-term planning for rural careers. Furthermore, funding capacity building for smaller community organisations in areas like governance and data management is essential to deliver high-quality, evidence-based services sustainably. Workforce retention directly correlates with service quality and trust, making this a critical investment in outcome delivery.

ii. **Shared Digital Infrastructure**: In regional Australia, non-profits often operate with limited resources and technological infrastructure. To realise the vision of integrated services, funding must be classified as a strategic capital investment and allocated for common IT platforms and information governance systems. This shared infrastructure allows providers to collect, share, and utilise routine care and outcome data safely and effectively, which is a prerequisite for achieving functional integration and collaborative case management. Without funding for interoperable IT and secure data platforms, the ambition for integrated services remains an unachievable policy aspiration.

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

New England Family Support Service agrees that the four priorities outlined by the Australian Government—Invest early, Prioritise connected/integrated services, ensure services respond to community needs, and Improve outcomes for First Nations children and families (Department of Social Services, 2025b)—are fundamentally sound and necessary for building a preventive, inclusive system and improve outcomes for children and families. They reflect a crucial shift from reactive crisis management to community-led, upstream support.

However, the definition and scope of these priorities require explicit expansion to ensure equitable application in diverse, high-need contexts like the New England North West region. To ensure genuine equity, the priorities should explicitly encompass Culturally and Linguistically Diverse (CALD) communities, disability communities and other vulnerable groups. Early investment (Priority 1) must be defined as funding trauma-informed screening for SDoH, ensuring that prevention services are tailored to address systemic disadvantage. Furthermore, these robust priorities must be accompanied by dedicated funding for infrastructure and workforce stability, as detailed below.

Question 7: Are there any other priorities or issues you think the Department should be focusing on?

New England Family Support Service recommends three additional strategic priorities essential for operationalising effective service delivery in regional environments:

i. **Priority 5: Workforce Sustainability and Capacity Building:** The chronic challenges of attracting and retaining skilled staff in regional, rural, and remote locations must be addressed with dedicated, sustainable funding. This requires offering long-term contracts and professional development pathways

to stabilise the workforce. Investment should also include administrative capacity building (e.g., funding for governance and financial systems) for smaller organisations to ensure they meet modern quality and reporting standards.

ii. **Priority 6: Mandatory Integration of Mental Health and Emotional Well-being:** Mental health support should not be treated as a separate intervention but must be embedded across all funding streams, particularly Stream 2 and 3 (Department of Social Services, 2025b). Many vulnerable families, including those facing settlement stress or family violence, require culturally safe mental health interventions. This requires investment in translation, bilingual staff, and culturally responsive training to ensure early and holistic responses to issues like isolation and trauma.

iii. **Priority 7: System-Level Accountability for Structural Drivers**: Given the profound impact of SDoH on child development (Lanphier and Duffee, 2025), the program should hold service providers accountable for identifying, referring, and tracking progress on these key structural issues (e.g., housing, income, transportation) (ASPE, 2022). This ensures that the system is actively working to remove systemic barriers, aligning the social service sector with the health policy objective of addressing upstream determinants (Bradley and Taylor, 2013).

Question 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?

Yes, the focus areas—supporting families at risk of child protection involvement, prevention and early intervention for children aged 0-5 years, and supporting young parents aged under 25 (Department of Social Services, 2025b)—are a strong match for New England Family Support Service's priorities and the needs of the New England North West community. The region shows a high incidence of child protection engagement (DCJ NSW, 2024), validating the intense focus on Stream 3 services.

Effective support for these groups necessitates integrated delivery models. For families at risk (Stream 3), timely access to culturally safe preventative measures (Stream 2) is essential (Department of Social Services, 2025b). Child welfare system intervention, while necessary for safety, can itself result in additional trauma, particularly when removal occurs. Therefore, the program must ensure that services focusing on early identification and stabilisation (like those targeting young parents) are culturally responsive and trauma-informed.

Question 9: Are there other groups in your community, or different approaches, that you think the Department should consider to better support family well-being?

While the proposed focus areas are appropriate, several additional vulnerable groups and specialised approaches require explicit consideration and dedicated funding:

A. Additional Vulnerable Groups:

i. Families Facing Housing Insecurity: Housing instability is a severe structural driver of vulnerability (Lanphier and Duffee, 2025; ASPE, 2022). Funding must support specialised services that combine support (mental health, case management) with linkage and brokerage services to secure safe and stable housing (ASPE, 2022). Organisations like New England Family Support Service need explicit funding to partner with, for example, homelessness support services, local community health services, schools and learning institutions, to mitigate the direct impact of housing instability on family well-being.

ii. Neurodivergent Children and Their Families: Families raising neurodivergent children require inclusive, strengths-based support that moves beyond deficits (Advanced Autism, n.d.). Funding is needed for specialised community workshops, peer support groups, and the use of sensory-informed strategies and visual supports to help children and families manage daily challenges and foster community acceptance and resilience (Advanced Autism, n.d.; Garey and Martin, 2025).

iii. Young Carers and Siblings of Children with Disabilities: These often-overlooked cohorts face additional stress and require dedicated emotional support, peer connection, and opportunities for respite. Support should be personalised, using mechanisms like online activities and check-ins to monitor their unique well-being needs.

iv. Men Experiencing Family Stress/Isolation: Engaging men through targeted fatherhood, well-being, and peer-support initiatives can significantly improve family stability and prevent relationship breakdowns.

v. Culturally and Linguistically Diverse (CALD) families: New England North West is a government resettlement hub and, as a result, is a highly diverse region. However, this cohort faces language, cultural and other structural barriers that limit their ability to fully engage with services. Strengthening the workforce with bilingual and bicultural practitioners, alongside intentional partnerships with multicultural

community organisations, would meaningfully enhance accessibility, cultural safety, and the overall effectiveness of support for these families.

To ensure equity, specialised, high-impact services must receive dedicated, ring-fenced funding to prevent them from being economically displaced by competitive tendering focused on high-volume, generalised Stream 2 prevention services. Furthermore, by focusing on groups like neurodivergent children, culturally and linguistically diverse families, and families with disabilities, DSS is acknowledging service needs that frequently overlap with programs such as the National Disability Insurance Scheme (NDIS) and education systems. Funding must explicitly cover the crucial 'seam' services—the coordination, advocacy, and navigation roles required in regional areas to connect families to and sustain engagement with support services.

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

While co-location is valuable, systemic coordination requires formalised, networked infrastructure that ensures a family's journey through support services is seamless:

- Integrated Referral Networks: Based on practice insight, the most impactful method is establishing integrated referral networks where providers across different sectors (social services, health, housing, education) share coordinated referral pathways. This systematic approach eliminates the common barrier where families are constrained to repeat their traumatic story to multiple agencies which is essential for trauma-informed practice.

- Community Care Hub (CCH) Models: Establishing CCHs, where a lead entity coordinates a network of smaller community-based organisations (CBOs), provides the necessary administrative and data management capacity for network members (Seligman and Dawadi, 2022;). CCHs serve as a single point of accountability for other sectors (like health plans) wanting to contract with CBOs, ensuring a comprehensive social care delivery system (Seligman and Dawadi, 2022). This model helps smaller, regional CBOs participate in contracting opportunities by sharing the benefits and burden of data management and infrastructure.

- Joint Workforce Planning and Shared Training: Investing in standard training curricula and joint professional development across agencies (including non-funded partners like schools and health

providers) fosters a common understanding of family needs, promoting cultural competence and effective multidisciplinary working.

Question 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 grant application from New England Family Support Service would highlight demonstrable, structured evidence of community embeddedness, cultural responsiveness, and formalised integration, moving beyond mere statements of intent:

Highlighting Community Connection:

i. Co-Design Evidence: Documentation showing clear processes where community forums, local consultations, and feedback loops (including from people with lived experience) actively resulted in programmatic adjustments and guided program evaluation.

ii. Formalised Partnership Protocols: Presentation of robust Memoranda of Understanding (MoUs) and shared governance agreements with key local partners, including Aboriginal Community Controlled Organisations (ACCOs), Women Shelters, local health districts, and schools, proving systemic integration beyond informal relationships.

iii. Cultural and Linguistic Responsiveness: Evidence of employing bilingual staff, using culturally tailored materials, and documentation of internal cultural capability training and cultural safety measurement to meet the cultural needs of families in the community.

iv. Local Governance and Volunteer Base: Proof of local governance structures that involve community leaders or people with lived experience and a demonstrable, diverse, and active volunteer base that help shape our policies, procedures, and engagement with families and communities.

Assessment Criteria:

Assessment should prioritise authenticity and qualitative indicators of effectiveness:

i. Authentic Community Participation: Prioritising organisations that demonstrate deep, sustained community trust and empowerment, rather than those with generic, top-down designs.

ii. Cultural Safety and Accessibility: Use of validated measurement tools and evidence of successful, inclusive engagement with marginalised groups (CALD, disability, First Nations communities).

iii. Continuous Improvement: Demonstrated capacity to use outcomes data and client feedback to refine service delivery models, proving accountability and adaptability.

The policy implication here is that relying heavily on qualitative evidence, such as documentation of co-design and trust metrics, acts as an equity tool. Many smaller, grassroots organisations—including those serving CALD and Aboriginal communities—possess deep community trust but lack the administrative scale for extensive quantitative reporting. By highly weighting qualitative evidence, DSS can ensure these essential, trusted providers secure funding, mitigating the disadvantages inherent in competitive tendering that typically favour large, administratively heavy organisations.

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

Beyond locational disadvantage (rurality, remoteness), funding allocation must capture critical structural and social factors that represent "invisible barriers" to support.

i. Cultural and Linguistic Diversity (CALD) Concentrations: Funding must prioritise communities with high proportions of CALD families, new migrants, and refugee communities. These populations often face barriers such as language limitations, stigma, discrimination, and digital exclusion, even if they reside in economically stable areas.

ii. Family Stress Factors: High regional rates of domestic and family violence, chronic financial stress, and housing insecurity should serve as critical funding multipliers. Data related to income poverty and material deprivation are more robust indicators of structural stress than generalised Socio-Economic Indexes for Areas (SEIFA) data (Salvation Army, n.d.; CCCH, 2023).

iii. Service Gap Analysis and Trust Levels: Funding decisions must be guided by data on service utilisation

and trust levels. Communities with low participation in existing mainstream programs may require tailored, bilingual outreach or community-led solutions, justifying additional funding for targeted, trust-building initiatives.

iv. Developmental Indicators: Continued use of the Australian Early Development Census (AEDC) data is necessary to understand developmental vulnerability, especially given that children in the poorest suburbs are twice as likely to be vulnerable in one or more early development domains (DCJ NSW, 2024; CCCH, 2023).

v. By prioritising trust metrics and qualitative measures of connection, DSS is investing in effective engagement, which is the foundational precursor to reducing costly Stream 3 interventions. Investing in high-trust services at the preventative stage (Stream 2) is a strategic risk management approach, as it helps families access support long before they reach the crisis point of child protection involvement.

Question 13: What is the best way for organisations to show in grant applications that their service is genuinely meeting the needs of the community?

The best way for organisations like New England Family Support Service to demonstrate genuine community need fulfilment is through a disciplined, mixed-methods reporting approach that integrates evidence of consultation, collaboration, and measurable outcomes. :

i. Evidence of Co-Design and Consultation: Documenting consultation processes (community forums, surveys, and feedback sessions) showing how community input actively shaped program design and evaluation.

ii. Combined Quantitative and Qualitative Results: Combining measurable data (quantitative results such as participation rates, satisfaction scores, and standardised outcome measure improvements (AIFS, 2023) with qualitative evidence (testimonials, community endorsements, and structured case studies). This balanced approach demonstrates not only how many families were supported, but how deeply their lives were improved through culturally safe service delivery.

iii. Demonstrated Accountability: Showing continuous improvement processes—documenting how

community feedback led to specific service adjustments—proves responsiveness and adaptability to local priorities.

iv. Partnership Strength: Demonstrating strong, sustained partnerships with local ACCOs, schools, and health providers reinforces trust and integration, confirming that the service is embedded in the wider community ecosystem.

Improving Outcomes for Aboriginal and Torres Strait Islander Families

The commitment to improving outcomes for First Nations children and families by increasing the number of Aboriginal and Torres Strait Islander community-controlled organisations (ACCOs) delivering supports (Department of Social Services, 2025b) is strongly supported by New England Family Support Service. However, achieving this requires embedding self-determination into the fundamental structure of the grant process and data governance.

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

The grant process must actively dismantle systemic barriers and prioritise ACCO leadership:

i. Dedicated Funding Streams and Set-Asides: The funding rounds should include specific streams or set-asides dedicated exclusively to ACCOs, ensuring equitable access and recognising their essential role in culturally grounded service delivery.

ii. Simplified, Flexible Application: Application processes must be streamlined, reducing administrative burdens often faced by grassroots organisations. The assessment criteria must value cultural knowledge, connection to Country, and deep community trust as core competencies, rather than prioritising organisational financial or administrative scale.

iii. Relational Contracting Priority: ACCOs should be prioritised for long-term relational contracts to provide the essential stability needed to plan, retain staff, and deepen community engagement without the continuous drain of competitive bidding.

iv. Capacity Building Support: Provide tailored support, such as grant-writing workshops and mentoring, specifically funded and designed in partnership with peak Aboriginal bodies and community stakeholders.

v. Aboriginal Representation in Assessment: Assessment panels must include Aboriginal representatives to ensure that funding decisions reflect community priorities, values, and cultural protocols.

Question 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, the program design must be grounded in the principles of self-determination, cultural safety, and community leadership:

i. Mandatory Adherence to Indigenous Data Sovereignty (IDS): The program design must explicitly uphold Indigenous Data Sovereignty (IDS)—the right of First Nations people to govern the collection, ownership, and application of their own data (Simon Fraser University, n.d.; Native Nations Institute, n.d.). This requires strict adherence to principles like OCAP (Ownership, Control, Access, Possession) and CARE (Collective Benefit, Authority to Control, Responsibility, Ethics) (Native Nations Institute, n.d.). IDS principles dictate that data collection and sharing mechanisms, including the Data Exchange (DEX), must be adapted to ensure data is shared with and governed by ACCOs. Failure to align the data framework with IDS protocols acts as an invisible barrier to ACCO participation, fundamentally undermining the government's priority for First Nations self-determination.

ii. Explicit Funding for Cultural Connection: Funding should explicitly support programs focused on cultural healing, on-Country learning, kinship, and intergenerational mentoring, recognising these as critical protective factors for children's well-being and identity.

iii. Mandatory Cultural Safety Measurement and Training: All funded providers, regardless of their status (ACCO or non-ACCO), must implement and report on validated cultural safety metrics (Lansbury et al., 2024). Tools exist that measure the five domains of cultural safety, including positive communication, trust, and support for Aboriginal families and culture (Lansbury et al., 2024; NCCIH, 2022). By making cultural safety measurement mandatory, DSS establishes a robust, objective measure of service quality and accountability, moving beyond tokenistic compliance (Lansbury et al., 2024).

Data, Reporting, and Continuous Quality Improvement

The proposal to streamline reporting and collect outcomes data via the Data Exchange (DEX) is supported in principle. However, regional organisations require data that moves beyond participation numbers to measure genuine, sustained social impact and address service inequality.

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

To meaningfully understand its impact and support continuous quality improvement, New England Family Support Service should systematically collect and analyse data that aligns with the key outcomes for families. This will enable clearer visibility of progress, strengthen evidence-informed practice, and ensure that service delivery remains responsive to the needs and experiences of children and families. New England Family Support Service requires a robust combination of quantitative and qualitative data to understand impact and improve services:

i. Longitudinal Outcome Measures: Data that tracks sustained progress beyond service exit is essential for evaluating long-term resilience and the effectiveness of Stream 2 interventions (Annie E. Casey Foundation, 2022). Services require the funding and guidance to use validated standardised instruments such as the Parenting Sense of Competence Scale (PSOC), the Resiliency Scale for Children and Adolescents (RSCA), and the Growth and Empowerment Measure (GEM) (AIFS, 2023). These tools capture meaningful changes in parenting confidence, well-being, and resilience, which are the core objectives of the program.

ii. Disaggregated Data for Equity: Data must be disaggregated by culture, language, disability status, gender, and geographic location. This level of detail is critical for identifying service gaps and tailoring outreach efforts to communities that are currently missing from support systems.

iii. Qualitative Metrics: Data collection must integrate a system of measurement that captures community trust, cultural safety, accessibility, and empowerment. These indicators offer vital insight into the quality of engagement and the appropriateness of services—far beyond simple measures of volume. By prioritising these qualitative dimensions, New England Family Support Service can better understand whether families feel safe, respected, and genuinely supported, and can more accurately identify areas for

improvement.

Question 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?

The most valuable information to share combines quantitative progress with qualitative evidence of transformation:

i. Quantitative Outcomes: Measurable improvements in key indicators such as parenting confidence scores, reductions in family stress, increased school readiness, and improved family stability. This includes tracking measurable improvements across key indicators—such as increased parenting confidence, reduced family stress, enhanced school readiness, and greater overall family stability—to demonstrate the effectiveness of supports and guide ongoing service refinement.

ii. Qualitative Validation: Ethical, well-structured case studies and testimonials that reflect families' experiences of trust, empowerment, belonging, and strengthened cultural identity offer powerful qualitative evidence. These narratives illustrate how services are culturally safe, inclusive, and responsive to the diverse needs of the communities they support.

iii. Collaboration Outcomes: Data should also highlight successful cross-agency referrals, collaborative partnership achievements, and meaningful community participation in co-design processes. Together, these indicators demonstrate systemic effectiveness, showing that New England Family Support Service operates as a strong, connected centre within the regional service ecosystem and actively contributes to more coordinated, integrated support pathways for families.

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

New England Family Support Service's core delivery of family support, capacity building and early intervention, the most relevant DEX SCORE Circumstances domains are:

i. Family Functioning: This domain directly captures improvements in internal family dynamics, communication, and conflict resolution, aligning with the primary goal of strengthening family

relationships.

ii. Community Participation and Networks (Community Connection): Measuring success in helping families feel a sense of belonging, reducing social isolation, and strengthening access to culturally safe support networks.

iii. Mental health, well-being, and self-care: This is essential for measuring growth in self-efficacy, tracking client confidence in managing challenges, accessing services, and maintaining psychological resilience—key indicators for long-term success.

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

To maintain consistency, ethical integrity, and high-quality qualitative reporting, New England Family Support Service needs well-defined templates supported by culturally safe and inclusive guidance. These tools will help ensure that the voices and experiences of children, families, and communities are represented respectfully, accurately, and in a manner that strengthens the credibility and usefulness of the insights captured.

i. Structured, Ethical Templates: A useful template should include clear sections for context (including identified SDoH), Client Profile, Challenges Faced, Interventions Provided, Measurable Outcomes (quantitative indicators), and Key Learnings/Service Adjustments. This structure ensures both the human story and the measurable impact are conveyed.

ii. Guidance on Ethical Storytelling: Guidance must emphasise ethical practices, particularly ensuring informed consent, protecting privacy, and maintaining cultural sensitivity when dealing with vulnerable cohorts, especially Aboriginal, CALD, and disability communities. Guidance should include explicit prompts for capturing nuanced qualitative change, such as indicators of trust, empowerment, and belonging, alongside practical examples of successful impact statements.

iii. Accessibility: Guidance materials, along with workshops on reflective storytelling and outcomes measurement, should be accessible and, where necessary, multilingual to empower diverse grassroots organisations to share authentic and evidence-based case studies and practice insights.

Partnering for Impact: Relational Contracting

The introduction of relational contracting is strongly supported as a mechanism to stabilise service delivery and prioritise outcomes over administrative activity.

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

In practice, a relational contracting approach signifies moving beyond transactional compliance to building genuine, trust-based partnerships between government and service providers. It recognises that social impact, particularly in complex regional settings, is built on relationships and continuous learning, valuing adaptability as community needs evolve. For organisations such as New England Family Support Service, this stability allows for crucial regional workforce investment and the flexibility to adapt services immediately to local crises (e.g., integrating emergency financial aid coordination during regional drought).

A truly relational approach would offer New England Family Support Service the necessary mandate to shift resources dynamically in response to acute regional needs without requiring lengthy bureaucratic approval processes. This flexibility is fundamental to achieving high-impact early intervention and is a necessary counterbalance to the inherent rigidity of compliance-heavy transactional contracts.

Key criteria for inclusion in a relational contract should be:

- Long-term Stability: Minimum 5-year tenure with funding indexed for the higher cost of regional service delivery and indexed for inflation, ensuring continuity and stability.

- Flexible Scope and Governance: Clear mechanisms for mutually agreed service variation based on community need, promoting innovation and moving measurement away from activity volume towards genuine well-being outcomes. This includes joint governance structures that promote transparency and shared decision-making.

- Structural Measurement KPIs: Inclusion of Key Performance Indicators (KPIs) that track progress on the proposed structural outcomes (Outcome 3), measuring the reduction of structural barriers such as housing instability and financial insecurity.

- Capacity Building Commitment: Explicit commitment to ring-fenced funding for IT infrastructure, shared data platforms, and continuous workforce development and retention strategies.

- Equity Benchmarks: Mandatory inclusion of cultural safety and accessibility benchmarks, including metrics related to engagement with First Nations, CALD, and disability communities.

Question 21: What is the best way for the Department to decide which organisations should be offered a relational contract?

The decision process must prioritise deep community impact, proven outcomes, and cultural responsiveness over organisational size or historical funding scale. Selection should not be based solely on administrative capacity but on tangible on-the-ground evidence of community value:

i. Community Embeddedness: Priority should go to organisations that demonstrate sustained, deep community trust, proven outcomes in high-need cohorts, established local partnerships, and a history of effective co-design with other agencies and community stakeholders.

ii. Longitudinal Impact: Organisations that can demonstrate sustained, measurable outcomes over extended periods—supported by longitudinal data metrics—should be prioritised. This capacity signals a proven ability to deliver enduring change rather than short-term outputs, reinforcing their alignment with the long-term goals of the program (Annie E. Casey Foundation, 2022; AIFS, 2023)

iii. Regional and High-Need Context: Consideration should be given to organisations operating in remote, rural, or high-vulnerability areas where continuous service provision is paramount, and competition is counterproductive to service stability. This acknowledges the strategic value of maintaining a trusted presence in areas prone to service market failure.

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

New England Family Support Service is highly interested in a relational contracting approach. Our service model is inherently community-based and collaborative, relying on long-term relationships and flexibility to address the complex and chronic challenges faced by local families.

Relational contracting provides the necessary stability to invest in the regional workforce, make long-term employment commitments, and retain skilled staff. This approach empowers New England Family Support Service to focus on outcomes that truly matter—such as resilience, inclusion, and community connection—rather than being constrained by transactional reporting or short-term milestones. It would be the most effective mechanism for delivering sustainable, community-led change in a high-need regional environment.

Question 23: Is there anything else you think the Department should understand or consider about this proposed approach?

The Department must recognise that the success of this large-scale reform is measured not just by its structure, but by how deeply equity, inclusion, and cultural safety are embedded in its implementation.

The transition phase must be managed carefully to prevent the destabilisation of trusted small, regional, and grassroots organisations in the pursuit of administrative efficiency. Prioritising co-design with organisations that have lived experience is crucial to shaping policy from the ground up.

Furthermore, noting that relational contracting is a powerful lever for addressing the regional workforce crisis. Therefore, by offering providers stability, DSS would enable them to offer stable, long-term employment, which directly improves staff retention and attracts necessary skilled professionals to the sector. The investment in workforce sustainability must be recognised as a core component of commissioning, not just a service cost.

Also, the Department should understand that systemic alignment is non-negotiable. DSS must proactively establish formal, funded mechanisms—such as the Community Care Hub model to ensure that funding streams and data sharing flow across these system boundaries. With committed alignment, the family support sector can deliver genuine, wraparound support, rendering the core goal of integration attainable.

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