

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

Organisation

Organisation name

Odyssey Victoria

Is your organisation....?

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

What type of service or support do you mostly provide?

- Intensive family supports

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

- Victoria

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

Major city

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

Yes, the new vision reflects our shared goals for supporting children and families, and we support the proposed changes that enable providers to respond more effectively and flexibly to local community needs. However, the vision will require thoughtful and nuanced implementation to ensure service providers can deliver appropriate support to family cohorts experiencing complex and intersecting challenges such as Alcohol and Other Drug (AOD) use, family violence, mental health concerns, and broader systemic vulnerabilities. Ensuring this nuance is embedded in practice will be essential to delivering equitable and effective outcomes for all families.

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

The outcomes identified are in strong alignment with the work currently undertaken by our Kids In Focus program by Odyssey Victoria. With a strengthened

focus on the above outcomes, KIF can bolster supports already provided with an intensified focus on family need and gap areas. Furthermore, with longer funding periods, we can undertake longer term planning, innovation and greater evaluation of the program.

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

This will have a minimal impact as this stream only funds one Odyssey Victoria area. However, this approach does have the potential to provide greater flexibility to many organisations which we support. Nevertheless, these consolidation approaches to commissioning and funding have often favoured the larger multiservice organisations, to the detriment of smaller or specialist organisations, and in turn, have reduced services to some of the most disadvantaged people. We hope consideration of this will be made to ensure a range of providers and cohorts are funded.

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?

Yes. Commonwealth funding has been highly valued as it addresses some clear gaps in state funding. Our program will continue to fit into one of the funding streams. Odyssey Victoria's Kids in Focus (KIF) program is a federally funded service provisioned to provide specialist child-focused and family-centred intensive services to families affected by parental alcohol and other drug problems, within Metropolitan Melbourne.

KIF offers support to families with children aged 0 to 12, prioritising those referred due to complex parental substance use, psychosocial challenges, and who experience systemic vulnerabilities. This includes mental health issues, housing instability, legal and financial challenges, and a history of significant family violence, both intimate partner violence and abuse within the family of origin. The KIF program operates in a high-risk environment, addressing concerns related to alcohol and other drug (AOD) use, child wellbeing, family violence, and mental health.

Our KIF service provision spans Streams 2 and 3, delivering a blend of prevention, intensive family support, and engagement with families experiencing complex needs within statutory systems. The KIF allocates Specialist Clinicians to families who work to prevent out-of-home placements and mitigate risks associated with child protection involvement. Clinicians apply an intersectional clinical and social support lens to practice, supporting families who present with multiple and compounding challenges, including parental substance use, family violence, and

parenting or family functioning concerns.

KIF utilises a child- and family-focused harm-reduction framework for substance use, ensuring children remain central to all interventions while clinicians navigate the complexities of parental alcohol and other drug use. This approach supports safer family environments and child development, strengthens parenting capacity, and reduces the need for statutory intervention.

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

Longer term funding agreements will ensure that we can plan for the future, retain and develop our workforce for complexity and intersectionality, and continue to undertake vital and valuable work with families impacted by parental substance use.

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

Odyssey are supportive of and agree that the four priorities are the right areas for investment to improve outcomes for families, with some nuance as outlined:

- a) Invest early to improve family wellbeing, break cycles of disadvantage, and reduce the need for later interventions – like child protection. Although this is early intervention/prevention for the children, some of the parental issues do not fit neatly into this category and may be at the tertiary end of the spectrum.
- b) Prioritise connected, co-located, and integrated services that work together to meet family needs. The key feature here is connected and integrated and with multiple issues, co-location is not always feasible.
- c) Ensure services are informed by, and respond to, community needs. Flexible funding, along with opportunities for data and insight sharing, will enhance this.
- d) 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. This is critical but some First Nations families want to access mainstream services, so building the cultural capacity, relevance and safety in mainstream services is also important to ensure there is choice.

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

The sector needs to be equipped to support families who present with intersectional and complex needs including substance use. Many mainstream Child & Family, non-specialist services, are not currently equipped with the

necessary clinical expertise, experience, sector connections and partnerships, or treatment design to adequately support families (especially parents) who present with multiple and complex challenges.

Currently, KIF is the sole Specialist Alcohol and Other Drug Integrated Family Program within Victoria. We service a large cohort of the community, who face significant barriers and stigma when attempting to access mainstream services due to their substance use. The Department should consider expanding their priority to families and parents with complex and intersectional needs who have barriers to accessing mainstream services in their jurisdictions, and who require support to navigate family violence, child protection, mental health and substance use. This is the real value of the Commonwealth funding and how it complements State and Territory funding.

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?

Odyssey Victoria's Practice Framework is strongly aligned with the proposed focus areas. We are committed to supporting families at risk of child protection intervention through specialist alcohol and other drug (AOD) services grounded in harm-reduction principles, targeted parenting support informed by evidence-based models, and the application of an intersectional lens across all areas of practice.

Families are identified as a priority population in our 2024–2029 Strategic Plan, and we remain dedicated to providing comprehensive, specialist support that reduces the need for statutory service intervention. Younger parents are also not well supported and we welcome this as a focus area.

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

The Department should increase support for the LGBTQIA+ communities and families, culturally and linguistically diverse families, young parents, single parents, and parents who are impacted by substance use.

Current approaches to family and child support and intervention stigmatise AOD use and misuse to the detriment of families and children. Focus on providing support to families impacted by substance use and working to support families to raise healthy, resilient children, who then grow into healthy and resilient adults.

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

Strengthening partnerships based on mutual respect and shared outcomes -

Focus on building relationships where all partners are committed to achieving positive results for families.

Formalising partnerships - Partnership Agreements and collaborative Models of Care to clearly define roles, responsibilities, and shared objectives.

Proactive communication and information sharing - Regular updates, planning, and timely decision-making and ensure everyone is informed.

Regular collaborative meetings - Structured forums allow partners to address challenges, solve problems early, and continuously improve service coordination.

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?

Client voice and lived experience input

Client stories, testimonials, co-design examples, and evidence of how lived experience informs program design and continuous improvement.

Client feedback and satisfaction data

For example surveys, interviews, focus groups, and how client engagement has directly influenced service changes or enhancements.

Partnerships and collaboration with local organisations

Include statements or letters of support from partner organisations, as well as examples of joint initiatives, referral pathways, and community-driven activities.

Knowledge of community need

Show understanding of local demographics, emerging issues, and priority populations, supported by local data or community consultations.

Presence and visibility within the community

Highlight participation in local networks, forums, community events, and demonstrate community and culturally safe engagement practices.

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

Families impacted by substance use often experience multiple and intersecting complexities. To ensure funding truly reflects community needs, the department

should consider a range of factors beyond locational disadvantage. This includes recognising that targeted, flexible support is essential for effectively navigating these complexities. Flexible targets and reporting arrangements allow services to provide meaningful, tailored interventions without being constrained by rigid timeframes or administrative barriers.

It is also vital that the department understands the breadth of intersectional work undertaken by service providers—including the time, relationship-building, and coordination required to deliver support with integrity. Funding models should therefore account for the intensity and duration of specialist work, the cumulative impact of co-occurring issues (such as mental health, trauma, homelessness, family violence, and cultural factors), and the need for responsive, holistic service delivery.

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

Meaningful performance measures and data systems

Establish performance indicators that accurately reflect outcomes for the community, and invest in data systems that provide an efficient mechanism to report on work.

Ensuring equity for smaller service providers

Recognise that data-driven submissions can disadvantage smaller organisations with limited resources. Grant processes should provide mechanisms for all services—regardless of size—to demonstrate impact, ensuring their contributions are not overshadowed by larger agencies.

Including a strong human element and narrative evidence

Grant applications should allow space for stories, case studies, and lived experience insights that illustrate the complexity of service delivery. Narrative approaches provide essential context, capturing the depth of need and highlighting the real-world impact of the service in ways that quantitative data alone cannot.

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 should be intentionally designed to support and increase the number of ACCOs delivering services to children and families. This includes establishing a tender strategy that is explicitly inclusive of ACCOs. Grant design should recognise the unique role ACCOs play in providing culturally safe, community-led, and self-determined support to Aboriginal and Torres Strait Islander children and families.

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

Create ACCO-only or ACCO-priority grant categories to ensure culturally led organisations have equitable access to resources.

Culturally safe and accessible procurement processes

Simplify application requirements, reduce administrative burden, and ensure assessment criteria reflect cultural knowledge, community connection, and self-determination.

Identified roles for programs to provide culturally responsive service, that moves away from the mainstream approaches to service provision. Aboriginal and Torres Strait Islander families should have the option of working with an identified worker / service or mainstream CaPS service; and services should explore implementing more Identified positions within their teams.

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

Data that specifically explores substance use, which can sit alongside DEX Circumstances SCORE Physical Health and Mental Health, Wellbeing and Self Care. Normalising data collection of substance use will provide an additional avenue to understand service impact on parental substance use.

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?

Case Studies demonstrating the collaborative work of the KIF program alongside families.

Client feedback – formalised survey responses and informal anecdotal feedback,

Data that examines the reduction of the impact of parental substance use on children and family. Data regarding children's psychosocial experiences and to

hear directly from the voice of children.

A child focused feedback tool to hear the voices of children and receive their feedback on their experience with services

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

Age appropriate development is the most relevant to KIF. This helps us understand the development of children and explore what may be required to support positive development of children. This provides a reflection for parents on their child's development and leads to conversations regarding child need.

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

Templates that encapsulate an intersectional approach to working with families; which explores the psychosocial factors impacting families.

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

Initially, providing opportunities for services to demonstrate the need in their community and their response to it via a meeting, prior to any submissions, allowing mutual expectations and priorities to be discussed. If successful in principle, then working in collaboration with contractors to ensure that milestones and targets are met; ultimately providing a more meaningful approach to the partnership. This could include quarterly meetings with a focus on milestones, targets and funding and any modifications required. Funding Access Manager (FAMs) availability is an important aspect of this process and ensuring FAMs provide a responsive service and are available for consultation.

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

The department should determine which organisations are best suited for a relational contract by engaging in genuine, exploratory discussions with providers who are seeking deeper collaboration and long-term partnership. These conversations help identify organisations that are committed to shared goals, transparency, and those who might not typically be successful in written submissions, but that have a demonstrated ability to work relationally to support complex service delivery.

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

We are open to this, and we would value the improved relationships with FAM to ensure that the program continues to meet milestones and can share the important and impactful work of the KIF. We are interested in strengthening our relationship with DSS FAM.

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

The department should ensure that families impacted by substance use continue to be explicitly included and prioritised. These families require specialist, targeted support that recognises the complexity of substance use, the intersecting challenges they face, and the intensive, relationship-based work required to support them effectively. It is essential that service models and funding mechanisms maintain a clear commitment to providing dedicated AOD-informed family support, ensuring no gaps emerge in the system for this highly vulnerable population; and ensuring that children growing up in families where parental substance use is a concern have the same opportunities to be empowered and to grow into healthy resilient adults.