

# **A new approach to programs for families and children**

## **PRONIA SUBMISSION**

**5 December 2025**

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

While the vision focuses on children, young people and families, it excludes all others and relies on a restrictive definition of ‘family’ that is based on the Anglocentric concept of the nuclear family. Australia is comprised of many diverse family structures that are not recognised or considered in this new vision – for example:

- It excludes families where there are no dependent children
- It does not consider CALD communities with multi-generational family structures and values
- It excludes community. While no one will argue that all children and young people should be supported by strong families, this does not happen in isolation of a healthy, strong and supportive community – a community that is formed by many different groups of people that do not neatly fit into a ‘family with dependent children’ definition. A vision that withdraws support from that community is not attainable.

Children’s wellbeing is inseparable from the social, cultural and relational conditions of the communities they grow up in with cultural connections that support social and emotional wellbeing. Those who make up that community must also be supported.

- The focus on this question restricts discussion on the relevance of the overall vision for all who seek support from service providers and who would not otherwise be able to access from anywhere else.

Proposed Expanded vision: All children and young people are supported by strong families **and resilient communities** who have the skills and confidence to nurture them.

### **2. Will a single national program provide more flexibility for your organisation.**

No. The proposed program will not allow us to continue to support our community as it excludes those who primarily access our services. Rather than offering flexibility, the proposed national program risks jeopardising the viability of our services.

The three funding streams proposed do not reflect our community’s needs which have been supported by FaRS funding for 15 years and have enabled us to deliver much needed support in language and with cultural sensitivity. This service is not provided by any other government funded organisation – federal or state, and it is highly valued amongst our community. Those we support are part of extended, multi-generational family structures and while they may not have dependent children, they are an integral part of the family and play a significant role in the upbringing of children and young people.

In reference to Stream 1 in particular, our cohort is largely digitally illiterate and/or have no access to the internet. This is consistent with the findings of the Australian Digital Inclusion Index that shows one in five people across Australia are digitally excluded.

Streams 2 and 3 are restrictive in who can be supported as it is assumed clients will fit neatly into defined services and specific demographics as discussed above. Only a small proportion of our program activities fit into Stream 2: Prevention and Early Intervention with no current services or expertise in Stream 3: Intensive Family Supports. There appears to be no flexibility to adapt services for a person-centred approach to ensure the client receives the support they need, which is the strength and advantage of the current program.

The proposed program should allow providers to address their community's specific needs, irrespective of whether children are part of this, especially when there are no other Government funded programs that provide the service.

As the proposal currently stands, it is likely that our service will be ineligible to submit for funding, placing our ongoing operations and service delivery at serious risk unless adjustments are made to better reflect the needs of community-based providers like ours.

**3. Do you agree that the four priorities are the right areas for investment to improve outcomes for children and families?**

While we have no objection in principle to the four priorities identified, it is crucial that there is flexibility and clear guidance on how these principles will be applied in practice. For example:

- a. *Invest early to improve family wellbeing, break cycles of disadvantage, and reduce the need for later interventions:* No objection to this, however, it is too restrictive. Once again, there is no reference or allowance on how all types of families who are past the 'early' stage, and are now living in disadvantaged positions, will be supported
- b. *Prioritising connected, co-located integrated services:* this may not always be the best option where a client wants to maintain confidentiality/anonymity and is concerned about cultural safety. In our experience, co-location is not crucial to providing integrated and connected services; the most important element is the relationships and trust built between providers and with our clients. We believe that the priority should be on relevant and appropriate locations for the community being supported.
- c. *Ensure services are informed by, and respond to, community needs:* Our community's needs are very specific and do not neatly fit into the 3 proposed streams. Yet, they are real needs that are not met elsewhere and play a significant part in improving family relationships. It is crucial for our community that they are

not disregarded. Our community trusts the services provided by our organisation and seek us because we are the only culturally specific service offering in language services in Victoria. Whilst our services can be extended to national service via online and/or telephone it is likely that this will not be an option as the priorities not neatly fit into our community or service user needs.

**4. 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?**

NO. While there is a need to support families at risk of child protection involvement and young parents, it is not the only need in the community that needs support. Many families face challenges that do not necessarily pose an immediate risk, however, support is crucial if we intend to reinforce family wellbeing. For example, family conflict can lead to alienation, disengagement from the family's cultural identity, isolation, and eventually poor mental health and wellbeing outcomes; ultimately this affects everyone and negatively impacts the healthy functioning of families.

Other groups that should be supported include those with no dependent children, older adults especially within CALD communities that do not have access to services that are culturally and linguistically relevant to their needs and other minority groups that do not neatly fit into the nuclear family described in the proposed program.

The priority needs of our counselling service users include: grief and loss, life stage transition support, family conflict, isolation /loneliness. The priorities for the program aimed at young families include : transition to fatherhood and supporting parents through their children's school transitions.

Promoting mental health and wellbeing an integral to our service delivery across the age cohort-from young parents, to older adults, to older parents whose children are over 18 years, and to widowed grandparents-ensuring support is accessible and responsive to the diverse needs of all community members, recognising the impact of intersecting factors such as culture, gender, socioeconomic status, and lived experiences.

As the proposal currently stands, it is likely that our service will be ineligible to submit for funding, placing our ongoing operations and service delivery at serious risk unless adjustments are made to better reflect the needs of community-based providers like ours.

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

See 3b above.

In our experience, the services we deliver under the current program, already rely on collaboration and connection across government, non-government, community services and other agencies to provide the best possible outcomes for our clients; Our DEX data and feedback from the community demonstrates that we achieve successful outcomes and they are not dependent on co-location or integration.

While some services may benefit from co-location, it should not be required or prioritised; in itself, it does not guarantee better coordinated service pathways; and in cases of minority and CALD groups it could be counterproductive.

Community-centric, relational programs should be the priority, allowing providers to create the appropriate and necessary partnerships for their communities.

Establishing co-located or integrated services can be financially expensive and not financially viable for a small organisation like ours. Our service delivery has a specialised focus and targeted intervention which run the risk of being diluted with a focus on generalist services. Cultural differences and accessibility issues can hamper specialised service delivery and limit the person centred focus in favour of efficiency.

## **6. Responding to community need**

Language and cultural sensitivity are factors that should be considered by the department to ensure funding reflects the needs of communities.

For example, we provide individual, couple or family counselling in language to Australian-Greek community members in Melbourne. Being able to provide this person-centred service relies not only on language, but also on cultural understanding and sensitivity. It cannot be provided by another service using interpreters. The clients we see have predominantly poor English, and providing counselling via an interpreter is problematic at best and ineffective and potentially harming at worst.

The department should consider the organisation's history and track record in providing this service when assessing if the service is genuinely meeting the needs of the community. As a program which has been adapted with the changing community needs, it addressed the challenges of the community with more impact and better outcomes for individuals and community as demonstrated by our DEX data and client satisfaction scores.

Our program is accessible and inclusive with services being available to those with limited mobility and accessibility, reaching groups and individuals who may otherwise not have access to this type of support.

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

We support the Department's objective of increasing support in locations with high First Nations populations to improve outcomes for First Nations children, adults and families, where this is determined as the preferred approach by those communities.

There is a responsibility for all service providers to build cultural competency and ensure services are culturally safe for First Nations people who choose to access those services.

## **8. Measuring outcomes**

Measuring outcomes via data for counselling services is problematic. Progress is not linear and clients will experience setbacks; once the counselling process begins, many clients present with more issues with the one they initially presented with and there will be many peaks and lows.

The SCORE Circumstances domain most relevant to our service is Mental Health, Wellbeing and self-care

Case studies template will be helpful; however, careful consideration must be given when presenting case studies, especially amongst close knit communities where even with name and place changes, clients may still be easily identifiable due to the closeness of the community.

## **9. Relational Contracting**

We are open to a relational contract, however, at this point, we do not have enough information on how the Department proposes to put this in practice, which makes it difficult to comment further. It is our belief that our past and current collaboration with Government is already based on a relational approach which allows the flexibility for us to deliver relevant services to our community and is based on trust and mutual respect.

We look forward to viewing a sample Relational Contract, which we understand will be made available in the next few weeks, to enable us to make further comment on this. At this point we require more detail on how the government sees relational contracting working in practice and if there is a plan for a staged implementation.

## **10. Other**

- a. Longer term grant agreements are beneficial to both providers and clients enabling providers to build trust with the communities they serve, to better plan and implement changes and innovative programs; and providing job security resulting in continuity of service and better client outcomes. By necessity, annual indexation is necessary to adequately reflect increased costs of service delivery
- b. We urge the inclusion of other demographics in the proposed program, to reflect the successful provision of services over many years to smaller and disadvantaged communities, eg CALD communities, that are not being met elsewhere. The tender process to be fair must make for this allowance.
- c. We hope that the tender process will provide adequate information on how each question will be weighted and assessed