

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

The vision captures an important aspiration: that all children and young people grow up supported by strong families with the skills and confidence to nurture them. Most people working in child and family services share this intent, and the language is positive, constructive and centred on wellbeing. It acknowledges the fundamental role that families play in child development, and it reinforces the importance of prevention, early support, and resilience.

However, while the vision is broadly aligned with what we want for children and families, it is also limited in several important ways and would benefit from further refinement. Below are key areas where the vision could be strengthened to better reflect the diversity of Australian families, the realities of service delivery, and the complex social determinants that shape child wellbeing.

### **1.a Family-centred, but not fully child-centred**

The vision assumes that family strength is the primary pathway through which children thrive. While true for many families, this framing does not adequately reflect the needs of children who rely on systems outside the immediate family for safety and wellbeing, including those in out-of-home care, kinship care, families experiencing extreme violence, or where parents are dealing with significant adversity such as addiction, homelessness, incarceration, or mental health challenges.

A more balanced vision would clearly identify children as independent rights-holders whose safety and development are supported by families *and* by the broader systems and communities around them.

### **1.b Limited recognition of structural and environmental factors**

The vision focuses on the “skills and confidence” of families, which is only one part of the equation. In many communities, particularly isolated, rural, remote and First Nations communities, structural barriers have a far greater impact on family functioning than parenting capacity alone.

These include:

Housing stress and overcrowding

Cost of living pressures

Lack of transport

Workforce shortages

Digital exclusion

Limited access to specialist services (including domestic and family violence support)

Discrimination and racism

Intergenerational trauma and historical policies

A strong national vision must acknowledge that families do not thrive by skills alone. They require safe environments, stable income, access to services, and communities that support wellbeing.

### **1.c Insufficient emphasis on safety, particularly domestic and family violence**

Given that one woman is killed by a current or former partner every week in Australia, and DFV remains a major driver of child protection involvement, the absence of an explicit statement on safety is a significant gap.

The vision could better reflect national priorities, including the National Plan to End Violence Against Women and Children, by embedding child and family safety more clearly. Strengthening families cannot occur in environments where violence is present, and specialist DV services are essential, not peripheral.

### **1.d Does not explicitly acknowledge cultural identity and community connection as central to wellbeing**

For Aboriginal and Torres Strait Islander children and families, culture, kinship, self-determination and community control are core determinants of wellbeing. The vision does not explicitly reflect these truths, even though the program aims include strengthening services for Aboriginal families.

A stronger vision would demonstrate commitments aligned with:  
the Closing the Gap Priority Reforms  
Aboriginal Community Controlled Organisations (ACCOs)  
Cultural safety  
Community-led approaches

Without this, the vision risks appearing mainstream and generic rather than inclusive and culturally anchored.

### **1.e Assumes “strong families” naturally emerge from support services**

While services play a crucial role, the vision implies a linear, simplified pathway in which skills, confidence and support directly create “strong families.” In reality, family functioning is shaped by complex interactions between individual, relational, social, cultural and structural factors.

A more sophisticated and realistic vision would recognise:  
the diversity of family forms  
the variability of needs  
the reality that strength looks different in different cultural contexts  
the essential role of systems; including education, health, housing, justice and community services

### **1.f Vision should include community and systems, not only families**

Families do not exist in a vacuum. Children’s wellbeing is influenced by the capacity and quality of the systems that surround them, schools, health services, community supports, cultural networks, and specialist interventions. The vision, as written, does not reflect the relational ecosystem required for children to thrive.

## 1.g Strengths of the proposed vision

Despite the limitations, the vision has notable strengths:

It is clear and easy to communicate.

It emphasises positive outcomes rather than deficits.

It supports prevention and early intervention.

It aligns with public expectations that families should be supported to nurture their children.

It acknowledges the need for comprehensive support systems.

These are strong foundations on which to build; however, the vision must also reflect the diversity of needs and recognise the broader systems that contribute to wellbeing.

### Suggested strengthening of the vision

To reflect the aspirations of all communities, including isolated and Aboriginal communities, and to align with national priorities on child safety and DFV, a more inclusive and accurate vision could be:

**“All children and young people grow up safe, healthy, connected to culture and community, and supported by strong families and responsive systems that enable them to thrive.”**

This version is:

child-centred

inclusive of diverse family structures

incorporates safety and wellbeing

recognises culture and community

acknowledges systems and government responsibility

aligns with national frameworks such as Safe and Supported and the National Plan for Ending Violence Against Women and Children

### Summary

The proposed vision reflects an important aspiration shared across the sector: that families should be strong, confident and capable of nurturing children. However, it does not yet reflect the full complexity of what Australian children and families need, particularly in isolated communities and in the context of rising domestic and family violence.

A more robust vision would recognise the critical role of safety, structural determinants, culture, community, and supportive systems. Strengthening this vision will improve coherence across national strategies and ensure the new program delivers on its promise to support healthy, resilient and safe futures for all children and families.

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

The outcomes capture broad aspirations that most practitioners, services and communities would agree with: empowered caregivers and healthy, resilient children growing into adults who can participate fully in society. These are important goals that reflect the essence of family support, early intervention and prevention. However, while the outcomes point in the right direction, they are not sufficient on their own to guide a national program of this scale and complexity. They lack precision, do not fully reflect contemporary evidence, and risk oversimplifying the challenges faced by families, especially in remote regions, high-risk contexts, and communities with significant domestic and family violence.

Below are key strengths and limitations, followed by recommended refinements.

### 2.a Strengths of the Proposed Outcomes

#### **Broad and values-aligned**

Both outcomes reflect what most Australians want for children and families: nurture, resilience, health, and strong relationships. They align with strengths-based practice and with global child wellbeing frameworks.

#### **Recognise families as central to child wellbeing**

Parents and caregivers are the primary nurturers in most cases. Supporting them is essential for improving long-term developmental trajectories.

#### **Acknowledge the importance of resilience**

This aligns with evidence on protective factors and developmental health, and is consistent with early intervention models.

#### **Simple and easy to understand**

High-level outcomes can be helpful for building broad consensus.

### 2.b Key Limitations of the Proposed Outcomes

#### **Outcomes are too broad to be functional in practice**

“Healthy” and “resilient” are important but vague terms. Without clearer definitions, indicators or sub-outcomes, they risk meaning very different things to different providers.

#### **Outcomes place responsibility largely on families, not systems**

Both outcomes focus on what families and children should achieve, rather than what systems, services, communities and governments must *provide*.

Families are not islands. They need:

- accessible services,
- safe communities,
- housing stability,
- financial security,
- cultural connection,
- and protection from violence.

An effective national program should recognise these systemic determinants.

#### **Does not include child safety especially domestic and family violence**

Given DFV is one of the biggest drivers of poor outcomes for children, omitting explicit reference to safety is a significant gap.

Children cannot be “resilient” in environments of violence, and parents cannot be “empowered” when they are unsafe.

### **Not inclusive of the diversity of family structures**

Children in kinship care, out-of-home care, youth experiencing homelessness, or those with limited family connections are not reflected clearly in these outcomes.

### **Does not recognise culture, community or self-determination**

For Aboriginal and Torres Strait Islander families, cultural identity and community connection are central to wellbeing. These outcomes are mainstream and generic; they do not align well with the Closing the Gap Priority Reforms.

### **Misses the role of community and systems in shaping resilience**

Outcomes describe what children *should become*, rather than what the service system is responsible for creating—safe, inclusive, culturally strong environments.

### **Not developmentally nuanced**

Children's needs vary across infancy, early childhood, middle childhood, adolescence and transition to adulthood. These outcomes treat childhood and adulthood as simple endpoints.

### **Risks diluting specialist roles**

Framing outcomes so broadly risks reducing recognition of specialist services, such as domestic and family violence, mental health, disability, First Nations cultural leadership, and early childhood development, which require explicit and tailored outcomes.

## **2.c Suitability for Isolated and Remote Communities**

For remote communities, the outcomes fail to reflect critical local factors:

- workforce shortages
- limited transport
- digital exclusion
- food insecurity
- high cost of living
- lack of specialist services
- housing challenges
- cultural obligations and community structures
- significant DFV prevalence

In these contexts, “empowered families” is not achievable without addressing large structural barriers. The outcomes need to explicitly embed these realities or risk leaving the most isolated communities behind.

## **2.d Improved Outcome Options**

Based on evidence, sector feedback, and national priorities, stronger and more inclusive outcomes could look like:

### **Outcome 1**

**Parents, caregivers and families are supported with the resources, safety, services and environments they need to nurture their children**

### **Outcome 2**

**Children and young people grow up safe, healthy, connected to culture and community, and supported to thrive into adulthood.**

### **Outcome 3 (recommended addition)**

**Communities and service systems are coordinated, culturally safe, and responsive to the diverse needs of families.**

This third outcome acknowledges the essential role of systems, not just families, in shaping child wellbeing.

## **2.e Why expanded outcomes matter**

National programs succeed when outcomes:

reflect the diversity of family experiences

centre children as rights-holders

embed safety, not assume it

acknowledge culture, community and structural determinants

recognise specialist services

address the unique needs of remote and high-risk communities

are measurable and actionable

The current outcomes are a promising starting point but require expansion to drive meaningful change.

### **Summary**

The two proposed outcomes reflect important aspirations, but they are not sufficient for a national program aiming to improve child and family wellbeing across Australia. They are too narrow, too vague, and not aligned with the complexity of real-world needs, particularly in communities facing high levels of domestic and family violence, significant structural disadvantage, or where Aboriginal and Torres Strait Islander families require culturally grounded, community-led approaches.

To ensure all children and families thrive, national outcomes must explicitly include safety, cultural connection, structural supports, and system accountability. Without this, the program risks oversimplifying the challenges facing families and missing opportunities to create lasting, equitable change.

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

A single national program has the potential to increase flexibility for our organisation, but this will depend on how it is designed and implemented. In principle, a unified structure could reduce administrative burden, streamline reporting, and allow providers to focus more of their time and resources on supporting families rather than navigating multiple funding streams. For services in isolated communities, where resources are limited and workforce pressures are significant, simplified contracting could bring welcome efficiencies.

However, flexibility is not guaranteed simply by consolidating programs. The level of flexibility will depend heavily on whether the new model recognises the diversity of community needs, the complexity of specialist services, and the unique circumstances of rural, remote and high-risk environments. If the national program is overly standardised or prioritises broad generalist service models, it may unintentionally reduce flexibility by diluting specialist functions—particularly in areas like domestic and family violence, early childhood development, cultural healing, and intensive family support.

For organisations working in communities with high levels of DFV, the risk is that specialist responses may be absorbed into generic streams, limiting the ability to deliver tailored, safety-focused interventions. True flexibility requires room for specialist practice, cultural safety, and local decision-making—not just fewer reporting forms.

Additionally, flexibility depends on the availability of long-term, stable funding. Without funding certainty, even well-designed program structures cannot enable real adaptability. Remote communities also require flexibility to respond to transport barriers, housing pressures, digital exclusion, and the urgent need for culturally safe, community-led models. In summary: A single national program *could* provide more flexibility, but only if it is built on principles of local responsiveness, specialised support, cultural safety, and shared decision-making. If these elements are not embedded, flexibility may actually decrease rather than increase.



#### 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?

Our service can be aligned with the proposed streams, but the fit is imperfect, and important elements of our work, particularly specialist domestic and family violence support and responses to complex risks, do not fit neatly into any single category.

##### 4.a. Fit with the three streams

Our family wellbeing work most closely aligns with **Stream 2: Prevention and early intervention**, as we provide targeted support to strengthen families, reduce risk, and promote safe and healthy development. Elements of **Stream 3: Intensive family supports** are also relevant when families face multiple challenges or are at heightened risk due to domestic and family violence.

However, domestic and family violence responses do not sit cleanly within either Stream 2 or 3. DFV is not simply “early intervention,” nor should it only be considered “intensive support.” It is a specialist field requiring dedicated skills, trauma-informed frameworks, and safety planning approaches that cannot be adequately captured by broad service streams.

##### 4.b. Do the streams reflect what children and families need now?

Only partially. Families in our community, especially in isolated areas, need:

**Specialist DFV responses**, not generalist family support labelled as “intensive.”

**Support that recognises cumulative risk**, not just single-issue vulnerability.

**Culturally safe, community-led services**, particularly for Aboriginal families.

**Help addressing structural barriers**: transport, housing, workforce shortages, digital access.

**Continuity and long-term relationships**, not short-term programmatic engagement.

The current streams capture the broad spectrum from universal to intensive support but miss the importance of specialist fields. In communities where DFV rates are extremely high, this omission is significant and risks undermining safety and wellbeing.

##### 4.c Do the streams reflect what children and families need in the future?

The future will require:

**Increased investment in prevention**, particularly in early childhood and perinatal stages.

**Specialised, trauma-informed practice**, especially in DFV, mental health, and complex trauma.

**Flexible models** that can adapt to the realities of rural and remote service delivery.

**Integrated, multi-disciplinary teams**, not siloed models.

**Community-led approaches**, not just mainstream design scaled nationally.

While the streams provide a broad structure, they are not sufficiently nuanced to reflect specialist needs or future trends in family support. A risk remains that services may be pushed into overly generic program categories, diluting expertise and weakening outcomes for families facing the highest risks.

##### Summary

Our service can be placed within the new structure, but the three streams do not fully reflect the needs of children and families in our community—particularly those experiencing domestic and family violence or living in isolated areas. The streams offer a useful high-level framework, but without explicit recognition of specialist practice, cultural safety, and local context, they may oversimplify the complexity of family support and leave gaps in the system.



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

Yes. While the proposed single national program has the potential to streamline services and reduce administrative burden, several additional changes could help our organisation and community overcome persistent challenges—particularly in isolated communities, high-risk families, and specialist service areas such as domestic and family violence (DFV).

### **5.a Maintain and strengthen specialist services**

Domestic and family violence, early childhood, mental health, and intensive family support require specialist skills.

Broad program streams risk diluting expertise; dedicated funding or sub-streams for specialist services would safeguard quality outcomes.

Ensure DFV services are explicitly funded and recognised as distinct from general family support.

### **5.b Flexibility and local responsiveness**

Programs must allow adaptation to local community needs, particularly in remote and regional areas.

Flexibility to adjust service models for workforce shortages, cultural context, transport and digital access barriers is essential.

Funding agreements should allow local decision-making and the ability to respond to emerging needs quickly.

### **5.c Long-term, stable funding**

Short-term funding cycles undermine continuity of care and workforce stability.

Multi-year, predictable funding contracts enable organisations to plan strategically, retain skilled staff, and build trusting relationships with families.

### **5.d Simplify administration, but preserve accountability**

Reducing reporting requirements is welcome, but simplification should not lead to reduced oversight or weakened quality standards.

Reporting should measure outcomes that matter, including child safety, family resilience, and cultural safety.

### **5.e Workforce support and capacity building**

Rural and remote communities face chronic workforce shortages.

Investment in recruitment, retention, training, and professional development is essential.

Encourage culturally competent, local recruitment, including Aboriginal and Torres Strait Islander staff, to strengthen community engagement and culturally safe practice.

### **5.f Embed cultural safety and community leadership**

Aboriginal and Torres Strait Islander families benefit from culturally safe, community-controlled services.

Ensure the program actively supports ACCOs and co-design with communities.

Recognise culture, kinship, and community as critical protective factors in family wellbeing.

### **5.g System integration and collaboration**

Families often navigate multiple services (health, education, housing, justice).

Integrated service models and partnerships can reduce duplication and improve outcomes, but in rural and remote communities, co-location is often impractical due to long distances between town centres and limited infrastructure, such as suitable buildings.

In these contexts, integration should focus on strong coordination, virtual collaboration, shared case management, and streamlined referral pathways rather than physical co-location.

Flexible, locally adapted approaches ensure families still receive coordinated support despite geographic constraints.

#### **5.h Address structural barriers**

Recognise that service access is limited by transport, housing, digital connectivity, and economic disadvantage.

Funding and program design should consider solutions to these structural challenges to ensure families can access the support they need.

#### **5.i Strong evaluation and evidence-informed practice**

Invest in rigorous monitoring and evaluation to ensure programs deliver outcomes.

Allow flexibility for innovative practice informed by local evidence, rather than a one-size-fits-all approach.

#### **Summary**

The single national program is a step forward in simplifying funding and aligning services.

However, to truly support our organisation and community, it must:

Safeguard specialist services, particularly domestic and family violence support.

Embed flexibility for local adaptation and culturally safe practice.

Provide long-term, stable funding to support workforce retention and continuity of care.

Promote system integration that is feasible in rural and remote contexts, including coordination, virtual collaboration, and shared case management.

Address structural barriers and support access for all families.

Support evaluation, innovation, and evidence-informed practice.

By incorporating these changes, the program will better meet the real-world needs of families in isolated communities, protect children from harm, and strengthen families in sustainable, culturally grounded ways.

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

Yes, the four priorities broadly reflect evidence-based approaches and align with what is known to improve outcomes for children and families. Investing early in family wellbeing, focusing on prevention and early intervention, and supporting families at critical developmental stages is strongly supported by research. Similarly, ensuring services respond to community needs and building the Aboriginal and Torres Strait Islander community-controlled sector are essential for culturally safe and locally relevant support. However, there are key considerations for implementation to ensure these priorities translate into real-world outcomes:

### **6.a Specialist services need explicit recognition**

Domestic and family violence, mental health, and complex family support cannot be absorbed into generalist service models. Dedicated investment in specialist responses is essential to prevent child harm and support family resilience.

### **6.b Flexibility in rural and remote areas**

Connected and co-located services are valuable, but geographic and infrastructure challenges in isolated communities mean integration should focus on coordination, virtual collaboration, and flexible local partnerships rather than physical co-location.

### **6.c Ongoing support beyond early childhood**

While the focus on 0–5 years and young parents is important, families continue to face challenges throughout childhood and adolescence. Funding and programs should reflect ongoing developmental and transition needs.

### **6.d Data-informed but context-sensitive implementation**

Using SEIFA, AEDC, census, and child protection data is critical, but decisions must also incorporate local knowledge, lived experience, and cultural context to avoid one-size-fits-all approaches.

### **6.e Sustainable, long-term investment**

Priorities will only achieve outcomes if supported by predictable, multi-year funding that allows continuity of services, workforce retention, and relationship-based practice.

In summary, the four priorities are the right strategic focus, but their success depends on embedding specialist support, culturally safe practice, local flexibility, and sustainable funding to meet the diverse and complex needs of all communities, particularly those that are remote or experience high levels of disadvantage and domestic and family violence.

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

Yes. While the four proposed priorities provide a strong foundation, there are additional priorities and issues that the department should consider to ensure the program meets the complex and diverse needs of children and families across Australia, particularly in isolated communities and high-risk contexts.

### **7.a Specialist service investment**

Domestic and family violence, mental health, complex trauma, early childhood development, and intensive family support require dedicated, evidence-informed funding streams.

Broadly categorising these services under general family support risks diluting their effectiveness and compromising child safety.

Explicit recognition of specialist services is essential to protect children and support families facing multiple and complex challenges.

### **7.b Safety as a core principle**

Child safety must be a central priority across all service streams.

DFV, child abuse, neglect, and exposure to trauma should not be treated as secondary considerations.

Services should be designed to proactively prevent harm and respond effectively when children are at risk.

### **7.c Support for rural and remote communities**

Geographic isolation, limited workforce, lack of infrastructure, and digital exclusion create barriers to accessing services.

Flexible, locally adapted approaches are critical, including mobile outreach, telehealth solutions, and partnerships with local community organisations.

Co-location may not always be feasible; alternative integration strategies like coordinated case management and virtual collaboration should be prioritised.

### **7.d Continuity of support beyond early childhood**

While early intervention is essential, children and families face ongoing developmental, social, and emotional challenges through middle childhood and adolescence.

Programs should provide sustained, developmentally appropriate support across all stages of childhood and into young adulthood.

### **7.e Cultural safety and First Nations leadership**

Supporting Aboriginal and Torres Strait Islander children and families requires culturally safe, community-led service delivery.

Investment should prioritise ACCOs and co-design approaches with communities, ensuring services are not only accessible but culturally empowering.

Cultural connection and identity are critical protective factors for child wellbeing and resilience.

### **7.f Addressing structural determinants of disadvantage**

Factors such as housing instability, poverty, unemployment, transport barriers, and social exclusion have profound effects on family wellbeing.

Programs should include strategies to address these structural issues in partnership with other sectors to provide holistic support for families.

### **7.g Workforce development and sustainability**

Recruitment, retention, and professional development are critical, especially in high-need and remote areas.

Investment should support culturally competent and trauma-informed practice, including the employment and training of local and First Nations staff.

## **7.h Evidence-informed innovation and evaluation**

Ongoing investment in evaluation, research, and innovation ensures that programs adapt to emerging challenges and best practice.

Flexibility should allow for locally driven solutions based on evidence and lived experience, rather than rigid national models.

## **7.i Integration with broader social and community services**

Families often interact with multiple sectors (health, education, housing, justice).

Integration and strong partnerships across sectors are crucial to provide seamless support and reduce duplication.

Funding models should encourage collaboration, data sharing, and coordinated service delivery.

## **Summary**

In addition to the current priorities, the department should focus on:

Specialist and safety-focused services, particularly for DFV and complex family needs.

Sustained support throughout childhood and adolescence.

Cultural safety and First Nations leadership.

Addressing structural determinants of disadvantage.

Workforce development and sustainability.

Flexible approaches for rural and remote communities.

Evidence-informed innovation and evaluation.

Integration across sectors and services.

Incorporating these additional priorities will help ensure that the program achieves meaningful, equitable, and lasting outcomes for children and families across all communities in Australia.

## **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 proposed focus areas align broadly with the needs of our service and the families we support. Supporting families at risk of child protection involvement is central to our work, as many families experience complex challenges, including domestic and family violence, poverty, mental health concerns, substance misuse, and housing instability. Early intervention for these families is critical to prevent escalation and to promote child safety, resilience, and family wellbeing.

Similarly, a focus on young parents aligns with our service priorities. Young parents often require additional guidance, education, and support to navigate parenting responsibilities while managing their own developmental, social, and economic needs. Providing practical skills, emotional support, and access to community resources helps young parents build confidence and raise healthy, resilient children.

However, while these focus areas are important, they do not fully capture the scope of need in our community. In particular:

### **8.a Specialist services for domestic and family violence**

High prevalence of DFV in our community means that child protection risk is often linked directly to violence and trauma. Effective support requires specialist, trauma-informed interventions, which should be explicitly recognised within program priorities.

Without dedicated focus on DFV, there is a risk that specialist responses could be diluted into generalist family support streams.

### **8.b Support across childhood and adolescence**

Families continue to face challenges beyond early childhood. While early intervention is essential, sustained support through middle childhood and adolescence is critical to ensure ongoing wellbeing, school engagement, and successful transitions to adulthood.

### **8.c Cultural safety and community-led practice**

Aboriginal and Torres Strait Islander families benefit from culturally safe services led by their communities. Program priorities should explicitly support ACCOs and co-designed, community-led approaches, particularly where child protection risks intersect with systemic disadvantage.

### **8.d Challenges in isolated and rural communities**

Geographic isolation, workforce shortages, and limited infrastructure affect the ability of families to access services. Flexible, locally adapted models—including outreach, telehealth, and mobile services—are essential to ensure families at risk receive timely support.

### **8.e Holistic family wellbeing**

Family wellbeing encompasses more than risk reduction. Addressing parental mental health, social connectedness, economic stability, and parenting skills is equally important to building resilience and preventing crises.

## **Summary**

The focus areas proposed—supporting families at risk of child protection involvement and young parents—are consistent with the core priorities of our service and reflect important aspects of family wellbeing. However, to fully meet the needs of our community, the program should also:

Explicitly recognise and fund specialist domestic and family violence responses.

Support sustained, developmentally appropriate interventions beyond early childhood.

Embed culturally safe, community-led practices, particularly for Aboriginal and Torres Strait Islander families.

Allow flexible, locally responsive delivery models for rural and isolated communities.

Take a holistic view of family wellbeing, including social, emotional, and economic factors. Incorporating these considerations will ensure the program not only aligns with our service priorities but also addresses the complex, multi-layered realities faced by families in our community.



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

Yes. While the proposed program prioritises families at risk of child protection involvement and young parents, there are additional groups and approaches that require attention to ensure family wellbeing is effectively supported across our community.

**9.a Groups that require targeted attention**

**Children and families experiencing domestic and family violence (DFV)**

DFV remains a critical issue in our community. Children exposed to violence, and their non-offending parents or caregivers, require specialist, trauma-informed services that are tailored to their safety, recovery, and resilience.

Support for DFV should be explicitly recognised, funded, and integrated within family wellbeing programs, rather than absorbed into generalist support streams.

**Families in rural and remote communities**

Geographic isolation, workforce shortages, transport barriers, and limited infrastructure create unique challenges for accessing services.

These families benefit from flexible service delivery models, including outreach, telehealth, mobile services, and locally co-designed solutions.

**Aboriginal and Torres Strait Islander families**

Services should be culturally safe and community-led.

Strengthening the Aboriginal and Torres Strait Islander community-controlled sector (ACCOs) and supporting co-designed programs ensures services respect cultural norms, kinship systems, and local leadership.

**Families with complex and intersecting needs**

This includes families experiencing poverty, housing instability, parental mental health or substance use challenges, or multiple social vulnerabilities.

Tailored, multi-disciplinary, and coordinated interventions are critical for preventing crises and supporting long-term family wellbeing.

**Young carers and adolescent parents**

Young people with caregiving responsibilities often face unique challenges in balancing their own development, education, and social needs with caregiving duties.

Targeted support, mentorship, and connection to services are necessary to prevent social isolation and ensure positive outcomes for both young carers and the children in their care.

**Children and families experiencing transition points**

Key transitions include entry into school, leaving school, entering out-of-home care, or transitioning from adolescence to adulthood.

Services should provide continuity and targeted interventions during these periods to maintain wellbeing and prevent disengagement.

**9.b Approaches that enhance family wellbeing**

**Trauma-informed practice**

Services should be designed with an understanding of trauma and its intergenerational impacts, particularly for children exposed to DFV, neglect, or other adverse childhood experiences.

**Holistic and wraparound models**

Coordinated, multi-disciplinary approaches that address social, emotional, educational, health, and economic needs simultaneously are more effective than siloed interventions.

**Flexible service delivery**

In rural and isolated communities, physical co-location may not be feasible. Flexible approaches, such as virtual collaboration, mobile outreach, and telehealth, should be supported.

### **Community engagement and co-design**

Programs that actively involve local communities, elders, and families in design, delivery, and evaluation are more likely to be culturally safe, effective, and sustainable.

### **Prevention and early intervention across developmental stages**

While early childhood intervention is essential, ongoing support throughout childhood, adolescence, and young adulthood ensures that family wellbeing is sustained.

### **Support for parental mental health and social connectedness**

Parents' wellbeing is directly linked to child outcomes. Programs should include strategies to enhance parental confidence, social support networks, and mental health.

### **Data-informed, locally responsive approaches**

While national data and indexes provide useful guidance, decisions should also incorporate local knowledge and lived experience to ensure services reflect the real needs of families.

### **Summary**

To better support family wellbeing, the department should consider:

Expanding focus to include families experiencing DFV, families with complex needs, young carers, and families in transition.

Supporting culturally safe, community-led approaches, particularly through ACCOs.

Prioritising flexible, locally adapted service delivery in rural and remote communities.

Embedding trauma-informed, holistic, and wraparound models of support.

Providing sustained support across childhood, adolescence, and young adulthood.

Enhancing parental wellbeing, social connectedness, and resilience.

Integrating national data with local knowledge and lived experience for responsive program design.

By incorporating these groups and approaches, the program will be better equipped to meet the diverse and complex realities of families in our community, promoting safety, resilience, and long-term wellbeing for children and caregivers.

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

Co-location can be valuable, but in many rural and remote communities it is not always feasible due to distance between towns, workforce shortages, and limited infrastructure. Despite these challenges, a range of other approaches have proven highly effective in improving coordination, integration, and accessibility of services for families.

### **10.a Strong cross-agency partnerships and collaboration**

Regular interagency meetings, case discussions, and coordination groups help services stay connected and aware of each other's work.

Formal partnership agreements or MOUs clarify roles, responsibilities, and referral pathways.

Shared language, common goals, and consistent communication reduce duplication and improve outcomes for families.

### **10.b Integrated case management**

Families with complex needs benefit from a single lead practitioner who coordinates support across services.

Shared case plans and clear communication channels ensure all providers work toward the same outcomes.

This approach is especially useful in DFV, child protection, and multi-service situations.

### **10.c Mobile outreach and visiting services**

Outreach models extend support to families who cannot travel due to distance, cost, or lack of transport.

Coordinated outreach—where multiple services visit on aligned schedules—creates a “hub-and-spoke” approach without requiring a single building.

### **10.d Virtual and telehealth collaboration**

Joint virtual appointments, online case conferences, and shared digital platforms enable services to work together despite geographical barriers.

Telehealth improves access to specialist services such as mental health, parenting support, and DFV counselling.

### **10.e Warm and supported referrals**

Rather than handing a family a phone number, workers make active, supported referrals—calling services together, arranging initial appointments, and following up.

This reduces service drop-off and increases engagement, especially for families in crisis.

### **10.f Shared training and professional development**

Cross-agency training builds consistent practice approaches, strengthens relationships, and increases understanding of each service's role.

Joint training in trauma-informed practice, cultural safety, and DFV response supports cohesive, high-quality service delivery.

### **10.g Community-led networks and advisory groups**

Local advisory groups, involving service providers, community leaders, Elders, and people with lived experience, help guide integrated service responses.

These groups support local decision-making and improve alignment between services and community priorities.

### **10.h Information-sharing protocols**

Clear, culturally safe, and legally compliant information-sharing practices ensure that essential details follow the family, not the other way around.

This is crucial for child safety and for working with families experiencing DFV or multiple vulnerabilities.

### **10.i Coordinated events and “one-stop” service days**

Bringing multiple services together periodically (e.g., monthly community wellbeing days) allows families to access support in one place without long-term co-location.

This has been particularly useful in remote communities where travel is a barrier.

#### **Summary**

Beyond co-location, services can achieve strong integration and coordination through:

Cross-agency partnerships and shared case management

Mobile outreach and telehealth collaboration

Warm referrals and joint training

Community-led governance and information-sharing systems

Coordinated service days and locally adapted models

These approaches support families effectively, even where co-location is not possible, and ensure that the focus remains on practical, accessible, and cohesive support that meets community needs.

## **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 genuinely community-connected service is one that understands local needs, is trusted by families, works collaboratively with other providers, and reflects the cultural, social, and geographic context of the community. In a grant application, the following elements would strongly demonstrate meaningful community connection:

### **11.a Deep understanding of local needs**

Evidence of ongoing community consultation, engagement, and co-design with families, Elders, young people, and community leaders.

Use of both quantitative data (AEDC, SEIFA, child protection data) and qualitative insights (lived experience, local knowledge, feedback loops).

Demonstrated capacity to adapt programs in response to emerging needs, including crises, disasters, or changing community demographics.

### **11.b Strong partnerships and collaboration**

Active partnerships with local schools, health services, ACCOs, youth services, DFV services, early childhood programs, and other community groups.

Description of how referrals work, how information is shared safely, and how families experience a coordinated, integrated service response.

Evidence of participation in local networks, interagency groups, and collaborative planning processes.

### **11.c Workforce that reflects or understands the community**

Employment of local staff, including Aboriginal and Torres Strait Islander workers, or strong partnerships with ACCOs.

Staff with lived experience, cultural knowledge, or long-standing ties to the community.

Commitment to cultural safety, trauma-informed practice, and professional development.

### **11.d Community presence and accessibility**

Demonstrated long-term presence or track record in the community, building trust and relationships.

Delivery models suited to rural and remote realities (mobile outreach, home visiting, telehealth, flexible hours).

Evidence that families can access services easily and safely, including those experiencing DFV, social isolation, transport barriers, or stigma.

### **11.e Co-design and community governance**

Mechanisms for ongoing feedback from community members, including young people and marginalised groups.

Advisory groups or governance structures involving local leaders and people with lived experience.

Clear examples of program changes made because of community input.

### **11.f Cultural safety and responsiveness**

Demonstrated capability in working with Aboriginal and Torres Strait Islander families, including partnerships with ACCOs and culturally safe practice frameworks.

Evidence of programs that reflect local cultures, languages, and cultural protocols.

Commitment to supporting community-led approaches wherever possible.

### **11.g Demonstrated outcomes and accountability**

A track record of delivering positive outcomes for children and families, including improved safety, wellbeing, parenting confidence, and connection to community.

Clear measurement and evaluation frameworks that reflect community priorities, not just broad national indicators.

Transparency about challenges and how the service continues to adapt.

## **11.2 What should applicants be assessed on?**

To ensure services are genuinely connected to their communities, assessments should focus on:

Evidence of meaningful community engagement and co-design.

Strength and depth of partnerships with local services and ACCOs.

Cultural safety and capability, especially for First Nations families.

Use of local data together with lived experience and community insight.

Ability to deliver flexible, context-appropriate models (particularly in rural/remote areas).

Demonstrated capacity to support families experiencing DFV, disadvantage, or complex needs.

Track record of achieving positive outcomes and continuous improvement.

Governance, workforce capacity, and plans for sustainability.

### **Summary**

A strong grant application highlights deep local engagement, culturally safe practice, strong partnerships, flexible delivery, a skilled and locally connected workforce, and proven outcomes for children and families. Assessment should prioritise community connection, local leadership, and the ability to deliver safe, responsive, and evidence-informed support tailored to each community's needs.

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

While locational disadvantage is a critical consideration, it does not fully capture the complexity of community need. To ensure funding is equitable, targeted, and reflective of real-world conditions, the department should consider a broader range of factors that influence child and family wellbeing.

### **12.a Prevalence of domestic and family violence (DFV)**

High DFV rates significantly increase child protection involvement, trauma exposure, homelessness, and poor health outcomes.

Communities experiencing high DFV require additional specialist services, trauma-informed supports, and safe service access points.

DFV should be recognised as a key driver of need, not simply a subset of general family vulnerability.

### **12.b Access to services, not just geographic location**

Some communities face limited access due to workforce shortages, transport barriers, cost of travel, digital exclusion, lack of child-friendly facilities, or stigma.

Funding should consider service accessibility, not only distance or remoteness.

### **12.c Workforce capacity and sustainability**

Communities with chronic workforce shortages require additional investment in recruitment, training, supervision, and housing for staff.

Stable funding is essential for workforce retention, especially in remote or high-need communities.

### **12.d Cultural needs and community composition**

The proportion of Aboriginal and Torres Strait Islander families, cultural groups, refugee communities, or other culturally diverse populations should inform funding decisions.

Funding should prioritise culturally safe, community-led approaches and the strengthening of ACCOs where appropriate.

### **12.e Levels of socioeconomic stress**

Factors such as unemployment, housing insecurity, food insecurity, and unstable income significantly impact family wellbeing.

Communities facing these pressures require wraparound supports and holistic service models.

### **12.f Child development and wellbeing indicators**

AEDC results, school attendance, youth mental health indicators, and local developmental vulnerabilities should guide investment.

Communities with higher developmental risk require targeted early childhood and parenting support.

### **12.g Child protection involvement and out-of-home care rates**

Higher rates of children entering child protection or out-of-home care signal the need for intensive family support, prevention services, and specialist interventions.

### **12.h Population volatility and mobility**

Communities with high transience—such as seasonal workforces, mining towns, or regions with unstable housing—face unique service pressures.

Services need flexible models and additional resources to maintain continuity of care.

### **12.i Impact of disasters, climate events, and community trauma**

Communities affected by drought, floods, bushfires, or economic downturns often experience increased family stress, DFV, and mental health needs.

Funding should be responsive to recovery needs and long-term trauma impacts.

### **12.j Service gaps and duplication**



Funding should be based on the actual service landscape, including whether critical supports (e.g., DFV, mental health, early childhood) are missing or overstretched. The presence of numerous services does not guarantee accessibility or quality—gaps and duplications both matter.

### **12.k Community voice and lived experience**

Communities should have input into defining their own needs, priorities, and preferred service models.

Lived experience should complement data, as quantitative measures often miss nuanced or emerging issues.

### **12.l Digital connectivity and infrastructure**

Lack of reliable internet, phone service, or transport infrastructure significantly restricts family access to support.

Funding should address these structural barriers to ensure equitable service delivery.

## **Summary**

To ensure funding reflects genuine community need, the department should consider:

DFV prevalence and trauma exposure

Accessibility barriers beyond geography

Workforce capacity and sustainability

Cultural and demographic factors

Socioeconomic pressures

Child development and child protection indicators

Disaster impacts and community trauma

Service gaps, duplication, and lived experience

Digital and physical infrastructure constraints

A funding model that incorporates these factors will better support equitable, responsive, and culturally safe services for all families, especially in isolated or high-risk communities.

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

Organisations can demonstrate they are genuinely meeting community needs by showing strong evidence of local engagement, responsiveness, cultural safety, and measurable impact. The following elements provide a clear picture of how a service is connected to and trusted by its community:

#### **13.a Evidence of meaningful community engagement and co-design**

Regular consultation with families, community leaders, Elders, young people, and people with lived experience.

Demonstrated examples of how community feedback has shaped program design, delivery, or improvements.

Mechanisms for ongoing input, such as advisory groups, focus groups, or community surveys.

#### **13.b Demonstrated understanding of local needs**

Use of local data (AEDC, child protection, SEIFA) combined with qualitative insights from community engagement.

Clear articulation of the specific challenges in the community, such as DFV prevalence, isolation, youth disengagement, or lack of accessible services.

#### **13.c Strong partnerships and collaboration**

Active, functional relationships with local schools, health services, ACCOs, early childhood services, youth programs, and DFV providers.

Well-developed referral pathways and shared case coordination processes.

#### **13.d. Culturally safe and community-led practice**

Evidence of culturally safe service delivery for Aboriginal and Torres Strait Islander families.

Partnerships with ACCOs or involvement of First Nations staff and community leaders.

Services designed to respect cultural protocols, local identity, and community strengths.

#### **13.e Flexible service delivery adapted to local barriers**

Outreach, home visiting, telehealth, mobile service delivery, and flexible hours for families with transport, childcare, or work barriers.

Demonstrated ability to respond to crises, disasters, or emerging issues.

#### **13.f Clear demonstration of impact and outcomes**

Data showing improved family wellbeing, child safety, school engagement, parenting confidence, or reduced crisis interventions.

Stories or case examples that illustrate real changes for local families (with confidentiality preserved).

A commitment to continuous improvement and evidence-informed practice.

#### **13.g Stability, trust, and demonstrated capability**

Long-term presence in the community and a track record of safe, high-quality service delivery.

#### **13.h Where relevant, recognition or support from other government partnerships (such as State-funded programs) can be included as evidence of capability, trust, and strong performance—without implying duplication or reduced need for Commonwealth investment.**

This shows that multiple levels of government have confidence in the organisation's ability to deliver high-quality, locally effective services.

It also demonstrates the organisation's capacity to collaborate across systems, which is essential for integrated, community-centred support.

It should be clear that State-funded programs address *specific mandates*, and that Commonwealth funding is required to meet broader or different community needs that remain unmet.

### **13.i Local workforce and lived experience**

Employment of local staff or people with lived experience who understand community dynamics.

Commitment to cultural competence, trauma-informed practice, and ongoing professional development.

#### **Summary**

The strongest way for organisations to demonstrate they are meeting community needs is through evidence of deep local engagement, collaboration, cultural safety, adaptiveness, proven outcomes, and a trusted presence in the community. Acknowledging partnerships or State-funded programs should be framed as evidence of capability and trust, not as replacement for federal investment, but as validation that the organisation is well-placed to deliver Commonwealth-funded services that meet unmet needs.

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

Supporting and increasing the number of Aboriginal and Torres Strait Islander community-controlled organisations (ACCOs) delivering services requires a grant process that is culturally safe, genuinely accessible, flexible, and aligned with the principles of community control. This means shifting not just funding priorities but the structures, timelines, and expectations that often prevent ACCOs from competing on an equal footing with larger mainstream organisations.

##### **14.a Simplify and streamline the application process**

Applications should be clear, concise, and free of unnecessary technical or administrative complexity.

Provide plain-language guidance, templates, and examples tailored for ACCOs.

Reduce the level of upfront documentation required, particularly for smaller or emerging ACCOs.

##### **14.b Provide dedicated support before, during, and after the grant process**

Offer application support officers who can work directly with ACCOs to explain requirements, draft applications, and navigate the process.

Deliver grant-writing workshops, webinars, and one-on-one support sessions specifically designed for ACCOs.

Ensure ongoing support during contract negotiation, reporting, and evaluation—not only during application.

##### **14.c Introduce specific ACCO funding streams or set-asides**

Allocate a portion of funding exclusively for ACCO-led services, particularly in areas with significant First Nations populations.

Provide dedicated funding for ACCO capacity building, governance support, workforce development, and back-office infrastructure.

##### **14.d Use assessment criteria that recognise community-control strengths**

Assessment should reflect:

Cultural legitimacy and trust within the community.

Strong relationships with Elders, families, and local networks.

Understanding of cultural protocols, kinship structures, and community priorities.

Evidence of delivering culturally safe, trauma-informed practice.

These factors should carry significant weight—equivalent to or greater than corporate structures or administrative capacity.

##### **14.e Provide flexible timelines and multi-year funding**

Longer application periods allow ACCOs the time needed for internal governance processes and community consultation.

Multi-year, stable funding supports workforce development, service continuity, and long-term planning.

This reduces the administrative burden and avoids "boom and bust" cycles that disproportionately impact ACCOs.

##### **14.f Offer tiered grants that support emerging and smaller ACCOs**

Establish entry-level or developmental grants so smaller ACCOs can build capability gradually.

Provide pathways for growth—including mentoring or partnership models that lead to independent service delivery—not dependency on mainstream organisations.

##### **14.g Support genuine partnership models that lead to ACCO leadership**

Where mainstream organisations operate in areas with significant First Nations populations, require meaningful, equitable partnerships with ACCOs.

Partnerships should include shared governance, workforce development, and leadership pathways with the clear goal of transitioning services to ACCO control where communities want this.

#### **14.h Reduce reporting burden and align reporting with ACCO strengths**

Reporting requirements should be proportionate, flexible, and culturally safe.

Allow narrative reporting, yarning-based evaluation, and community feedback mechanisms rather than relying solely on quantitative metrics.

Fund evaluation capacity within ACCOs to ensure reporting does not divert frontline resources.

#### **14.i Address workforce shortages through targeted initiatives**

Provide funding for traineeships, scholarships, mentoring programs, and supported career pathways for Aboriginal and Torres Strait Islander staff.

Support ACCOs in building culturally safe work environments that attract and retain local staff, especially in rural and remote areas.

#### **14.j Embed self-determination and co-design in the grant process**

ACCOs and community leaders should help shape guidelines, assessment frameworks, priorities, and evaluation requirements.

Decision-making panels should include Aboriginal and Torres Strait Islander representatives with cultural authority.

This ensures the process aligns with Priority Reform 2 of the Closing the Gap Agreement.

### **Summary**

To support and increase the number of ACCOs delivering services to children and families, the grant process should:

Be simplified, culturally safe, and accessible.

Provide dedicated application support and capacity-building funding.

Use assessment criteria that recognise cultural legitimacy and community trust.

Offer multi-year, flexible, tiered funding.

Require and support genuine partnerships and pathways to ACCO leadership.

Embed co-design, self-determination, and culturally grounded evaluation.

These approaches ensure ACCOs are not only funded but positioned to thrive, lead, and deliver the culturally safe, community-led services that Aboriginal and Torres Strait Islander children and families deserve.

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

To improve outcomes for Aboriginal and Torres Strait Islander children and families, the program design should support cultural safety, community leadership, strong governance, and accessible, trusted services. Additional elements that could strengthen the program include:

### **15.a Ensuring culturally safe, trauma-informed service delivery**

Embed cultural safety training and professional development for all staff.

Provide resources for healing-informed approaches and culturally grounded models of care. Support Elders, cultural advisors, and community leaders in guiding service design and delivery.

### **15.b Strengthening community-led decision making**

Enable local governance structures that involve Elders, cultural knowledge holders, and people with lived experience.

Support ACCOs to design programs that reflect cultural values, local history, and community priorities.

### **15.c Protecting privacy and safety in small communities**

Ensure program settings include strong, culturally appropriate protocols for confidentiality, particularly in close-knit communities where staff may know families personally.

Provide training and support for workers in navigating dual relationships, professional boundaries, and privacy concerns common in small communities (both Indigenous and non-Indigenous).

Consider infrastructure and resourcing that support safe, discreet access to services.

### **15.d Strengthening governance and accountability across all funded services**

Implement program-wide standards that support robust governance, transparent decision-making, and ethical practice.

Provide optional capacity-building grants to strengthen financial systems, reporting mechanisms, risk management, and independent oversight, not because of deficits, but to ensure all organisations are supported to meet high standards.

Ensure the program includes system-level safeguards that minimise risks such as conflicts of interest, misuse of funds, or nepotism—while recognising that these issues can arise in any organisation, and that strong governance protects communities and builds confidence in ACCO leadership.

### **15.e Supporting workforce development and retention**

Fund training pathways, mentoring, cultural supervision, scholarships, and local workforce development within ACCOs.

Support flexible staffing models for remote communities, including shared roles, job rotation, or co-working with specialist practitioners.

### **15.f Ensuring flexibility in service design**

Allow ACCOs to tailor service delivery to local cultural practices, kinship structures, and community priorities.

Provide flexible funding that accommodates outreach, home visiting, yarning-based support, and community-led healing approaches.

### **15.g Prioritising long-term, stable funding**

Multi-year funding enables ACCOs to build local workforce, strengthen governance, and deliver consistent, trusted support to families.

Stability is essential for long-term relationships, cultural continuity, and healing-focused services.

### **15,h Culturally grounded evaluation and reporting**

Support narrative, yarning-based, and community-determined evaluation methods. Recognise cultural, social, and relational outcomes, not just clinical or quantitative measures.

Provide resources for ACCOs to build evaluation capacity without diverting frontline resources.

### **Summary**

To improve outcomes for Aboriginal and Torres Strait Islander children and families, the program should strengthen cultural safety, support ACCO leadership, and ensure flexible, community-designed services. It should also include strong governance support, culturally appropriate confidentiality protections for small communities, and safeguards that promote integrity across all funded organisations. These measures help ensure services remain safe, trusted, accountable, and responsive to the needs of First Nations families.



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

To genuinely understand impact and continuously improve, organisations need data that reflects not only outputs and activity levels but also the quality of engagement, the safety of families, and the long-term wellbeing of children. A combination of quantitative and qualitative data provides the most accurate picture, especially for complex social issues such as domestic and family violence, child wellbeing, and intergenerational trauma.

### **16.a Child and family wellbeing outcomes**

Measures of children's emotional, social, cognitive, and physical development.

Parental confidence, stress levels, and attachment indicators.

Improvements in family functioning, communication, and conflict resolution.

Changes in children's school engagement, attendance, or behaviour.

### **16.b Safety and risk indicators**

Reductions in domestic and family violence incidents (where safely tracked).

Family safety planning outcomes and increased use of safeguarding strategies.

Improvements in stability; housing, routines, relationships, and connections.

Early identification of escalating risks before crisis or child protection involvement.

### **16.c Client experience and cultural safety data**

Feedback from families, carers, and young people via surveys, yarning circles, interviews, or anonymous mechanisms.

Measures of cultural safety, trust, and whether families felt respected, heard, and understood.

Data showing accessibility for diverse groups including First Nations families, young parents, and isolated families.

### **16.d Engagement and service access data**

Number and type of referrals, patterns of engagement, and re-engagement rates.

Outreach vs. centre-based contact; barriers to participation (e.g., transport, digital access).

Time to service, wait times, and service gaps identified.

### **16.e Cross-service collaboration indicators**

Data on interagency referrals, shared case planning, and multi-service involvement.

Measures of partnership quality and service integration.

Feedback from partner agencies about coordination, communication, and outcomes.

### **16.f Longitudinal and follow-up data**

Longer-term tracking (where appropriate and safe) to understand sustained change over 6–18 months.

Data on whether families require fewer crisis interventions or “step down” to lower-intensity supports over time.

### **16.g Outcomes for priority groups**

Data specific to families at risk of child protection involvement, young parents, and families experiencing DFV.

Culturally grounded outcomes for Aboriginal and Torres Strait Islander families, developed in partnership with ACCOs or community leaders.

### **16.h Worker insights and reflective practice data**

Staff reflections, case reviews, and practice observations identifying what approaches are most effective.

Data on workforce capability, wellbeing, and skill development needs.

Themes emerging from supervision and debriefing sessions.

### **16.i Community-level indicators**

Broader trends in AEDC results, child protection notifications, youth disengagement, DFV reports, or mental health presentations.

Community feedback on local needs, gaps, and service impacts.

#### **16.j Data on program fidelity and adaptation**

Whether evidence-based programs were delivered as intended while still being adapted to cultural and community contexts.

Documentation of innovations and community-specific modifications that improved outcomes.

#### **Summary**

These forms of data provide a holistic, culturally informed, and safety-focused understanding of program impact. They help ensure services remain responsive to: emerging risks,

community priorities,

Complex trauma and DFV dynamics, and

The lived experience of families.

By combining measurable indicators with narrative and culturally grounded data, organisations can both demonstrate impact to government and continuously improve the quality, safety, and effectiveness of the support they deliver.

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

To demonstrate positive impact, it is essential to share data that reflects real changes in children's wellbeing, family safety, parent capability, and overall community resilience. A combination of quantitative and qualitative information provides the most accurate and meaningful picture of outcomes particularly in communities experiencing complex challenges, domestic and family violence, and intergenerational trauma.

### **17.a Improvements in child wellbeing and development**

Indicators of children's emotional, social, cognitive, and physical development.

Increased school or early childhood engagement, improved behaviour, or strengthened peer relationships.

Observed gains in confidence, communication skills, and stability.

### **17.b Increased family safety and reduced risk**

Evidence of improved family safety planning and reduced exposure to domestic and family violence (where safe to report).

Enhanced understanding of safe parenting, protective behaviours, and early help-seeking.

Reduced crises or need for high-intensity interventions.

### **17.c Strengthened parenting capacity and family functioning**

Increases in parental confidence, coping skills, emotional regulation, and knowledge of child development.

Improvements in family communication, conflict resolution, and home routines.

Data showing improved connections between parents and support networks.

### **17.d Engagement and accessibility**

The number of families reached, session attendance patterns, and re-engagement rates.

Outreach data showing support provided to isolated families or those unable to access centre-based services.

Evidence of reduced barriers (e.g., transport, stigma, cost) enabling families to access help earlier.

### **17.e Cultural safety and trust**

Feedback from Aboriginal and Torres Strait Islander families on cultural safety, respect, and the relevance of services.

Stories or testimonials (consent-based) demonstrating culturally grounded impact.

Measures showing increased engagement with ACCOs and culturally appropriate support pathways.

### **17.f Client voice and lived experience feedback**

Surveys, yarning-based feedback, interviews, or anonymous reflections from families.

Insights into how families feel about their safety, wellbeing, and experience with the service.

Themes highlighting what worked well and what families found helpful or healing.

### **17.g Partnership and integration outcomes**

Data demonstrating collaboration with child protection, health, mental health, DFV services, schools, and ACCOs.

Evidence of coordinated care, warm referrals, and reduced service duplication.

Feedback from partner organisations about improved service pathways and outcomes.

### **17.h Longer-term outcomes and sustained change**

Follow-up data (where appropriate and safe) showing continued improvements over time.

Reduced need for crisis or statutory intervention.

Families transitioning to lower-intensity support or becoming more connected to community resources.

### **17.i Community-level changes**

Shifts in local AEDC results, reduced youth disengagement, or improved family wellbeing indicators.

Evidence of community-led initiatives emerging from the service's presence.

Strengthened local capacity, resilience, and engagement.

### **17.j Case examples and narrative impact stories**

With appropriate permissions, narrative examples illustrating the complexity of families' challenges and the outcomes achieved.

Stories showing how safety, connection, and wellbeing have improved—often more powerful than numbers alone.

### **Summary**

Sharing a blend of qualitative and quantitative data:

Demonstrates genuine, meaningful change for children and families.

Highlights how early intervention prevents escalation into child protection or crisis services.

Reflects the realities of rural and remote communities where relationship-based practice is essential.

Shows that the service is culturally responsive, safety-focused, and trusted.

Ultimately, these types of data help tell a holistic story of impact, one that numbers alone cannot fully capture, and allow continuous improvement while strengthening accountability and transparency.

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

For our service, several SCORE Circumstances domains are highly relevant due to the nature of our work supporting family wellbeing, child development, and safety. However, the most relevant **domains** reflect the core outcomes we aim to influence through early intervention, family support, and domestic and family violence–informed practice.

### **Most Relevant SCORE Circumstances Domains**

#### **18.a Family Functioning**

This is the primary and most relevant domain for our service. Improvements in communication, routines, conflict resolution, emotional connection, and overall stability within the home are central outcomes of our work. Many families we support experience stress, trauma, or isolation, and strengthening family functioning is essential for long-term wellbeing.

#### **18.b Personal and Family Safety**

Given the high levels of domestic and family violence in our community, this domain is also critical. Our work frequently involves safety planning, helping families understand risk, supporting protective behaviours, and improving safety conditions for children and caregivers.

#### **18.c Mental Health, Wellbeing, and Self-Esteem**

Parents and caregivers accessing our service often experience stress, anxiety, trauma, and low confidence. Supporting emotional wellbeing and helping parents feel more capable and resilient directly impacts children's outcomes.

#### **18.d Parenting Skills and Education**

Much of our support focuses on improving parenting capacity, knowledge of child development, emotional attunement, behaviour support, and responsive caregiving, all of which are captured in this domain.

#### **18.e Community Participation and Social Support**

For many families, especially those in rural and remote areas, increased social connection and reduced isolation are key indicators of progress. Improving community belonging and strengthening informal support networks often reduces crisis escalation and promotes long-term resilience.

### **Summary**

While our service contributes to multiple DEX Circumstances domains, the most relevant are Family Functioning, Personal and Family Safety, Mental Health and Wellbeing, Parenting Skills, and Community Participation. These domains closely reflect the everyday realities of the families we support and the core outcomes we aim to achieve.

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

To prepare strong, meaningful, and safe case studies, services need templates and guidance that balance storytelling with confidentiality, cultural safety, and trauma-informed practice. The most useful resources would be those that help us clearly demonstrate impact while protecting the dignity and privacy of children and families, particularly in small communities and in situations involving domestic and family violence.

### **19.a A trauma-informed case study template**

A structured template that prompts workers to describe outcomes without requiring detailed or potentially re-traumatising personal histories. Useful sections might include: presenting needs (in general terms), supports provided, key turning points or strategies, outcomes achieved, and client strengths and protective factors.

### **19.b Clear guidance on confidentiality and de-identification**

Support for:

How to safely change details without altering the integrity of the story.

Strategies for anonymising information in small communities where people may be easily identifiable.

Special protocols for cases involving DFV, child protection, or sensitive cultural matters.

### **19.c A cultural safety framework for case studies**

Guidance on:

writing case studies involving Aboriginal and Torres Strait Islander families in culturally respectful and strengths-based ways,

how to incorporate cultural context without breaching privacy,

when to consult Elders, ACCOs, or cultural advisors before publishing or submitting a case study.

### **19.d A strengths-based language guide**

Examples of language that avoids deficit framing and shows families' resilience, skills, and growth.

This helps ensure case studies portray families with dignity, regardless of the challenges they face.

### **19.e Templates for measuring and describing outcomes**

Simple tools that prompt workers to link the story to measurable outcomes, such as:

improvements in child wellbeing,

strengthened parenting confidence,

increased family safety,

reductions in crisis incidents, or

increased social connection.

This would help show impact in ways that align with DEX, SCORE, and government reporting.

### **19.f Consent and ethical practice guidelines**

Including:

easy-to-use consent forms for clients,

special considerations for young people, survivors of DFV, and families with complex needs,

guidance on when a story should not be used at all, even if consent is given.

### **19.g A template that supports storytelling from the client perspective**

Optional prompts that make space for:

direct quotes (with consent),  
client voice and lived experience,  
culturally appropriate yarning-based storytelling approaches.  
This ensures case studies feel real, grounded, and reflective of community experience.

#### **19.h Examples of high-quality case studies**

Practical examples demonstrating what strong, ethical, safe, and impactful case studies look like in:

early intervention settings,  
DFV specialist contexts,  
culturally diverse communities,  
rural and remote regions.

Concrete examples are one of the most effective ways to guide quality.

#### **19.i Guidance on linking case studies to broader program outcomes**

Support for showing:

how individual stories reflect community need,  
how they align with the program's vision and outcomes,  
how they demonstrate the value of early intervention or integrated service delivery.

This helps organisations advocate effectively for continued or increased funding.

#### **19.j Optional visual or diagram templates**

Simple formats that help show a “before and after” snapshot, timeline of change, or steps in the support journey are useful for communicating impact clearly and succinctly.

### **Summary**

The most helpful resources would include:  
trauma-informed and culturally safe templates,  
confidentiality and ethical practice guidelines,  
strengths-based language guides,  
outcome-focused prompts, and  
concrete examples of effective case studies.

These tools would help services produce high-quality case studies that communicate impact clearly while ensuring the safety, dignity, and privacy of children and families—especially in small communities and in contexts involving domestic and family violence.



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

A relational contracting approach recognises that achieving meaningful outcomes for children and families relies on trust, collaboration, and long-term partnership between the funding body and the service provider. In practice, relational contracting shifts the focus from transactional compliance to shared responsibility, transparent communication, and flexible, outcomes-driven service delivery, particularly important in rural and remote communities and in complex areas such as domestic and family violence, child wellbeing, and early intervention.

### **20.a What relational contracting means in practice**

#### **A partnership built on trust, transparency, and shared goals**

Relational contracting is based on ongoing dialogue, mutual respect, and a clear understanding that both parties are working toward the same outcomes for families. It moves away from short-term, output-heavy funding relationships and toward collaborative, long-term investment in community wellbeing.

#### **Flexibility to respond to emerging needs**

It allows services to adapt delivery as community needs shift—for example, after a critical incident, natural disaster, or sudden rise in DFV-related risk—without fear of financial penalty or contract breach.

This is especially important for small and isolated communities where circumstances evolve rapidly.

#### **Reduced administrative burden and more meaningful reporting**

Reporting focuses on quality, outcomes, safety, and relationships rather than excessive administrative metrics.

It allows narrative, culturally informed, and context-specific reporting that captures the complexity of family support work.

#### **Early, open communication about challenges**

Relational contracting encourages proactive problem-solving rather than punitive responses.

If workforce shortages, infrastructure barriers, or community changes arise, organisations can work jointly with the department to identify solutions.

#### **Stability and long-term commitment**

Multi-year contracts support workforce retention, reduce service disruption, and allow deeper engagement with families.

This continuity is essential for trauma-informed practice and for maintaining trust in small communities.

### **20.b Criteria that should be included in a relational contract**

#### **Shared outcomes and co-designed performance measures**

Outcomes aligned with child wellbeing, safety, family functioning, and cultural safety. Clear, achievable measures developed collaboratively with providers and communities. Flexibility to refine measures over time as learning evolves.

#### **Cultural safety and community engagement requirements**

Demonstrated commitment to culturally safe, strengths-based practice.

Meaningful engagement with Aboriginal and Torres Strait Islander communities and ACCOs.

Accountability for cultural safety built into the relationship, not imposed as a checklist.

#### **Proportionate and sensible reporting**

Reporting requirements matched to service size, location, and complexity.

Acceptance of mixed-method reporting. Quantitative, narrative, yarning-based, and case examples.

Recognition that outcome measurement in complex social work is not linear.

**Flexibility to innovate and adapt**

Ability to redirect resources, adjust service models, or trial new approaches as community needs shift.

Permission to prioritise safety or crisis responses when required, without penalty.

**Transparent governance and integrity safeguards**

Clear expectations around ethical practice, conflicts of interest, confidentiality, and risk management.

Support for strong governance structures across *all* provider, including smaller organisations, through optional capacity-building resources.

These safeguards protect families, not restrict innovation.

**Fair and consistent communication protocols**

Regular, structured communication between the department and the organisation.

A clear escalation process for raising issues or requesting support.

Feedback loops that actually influence policy and program design.

**Long-term stability**

Multi-year funding cycles (5+ years) to ensure workforce retention and continuity for families.

Reduced service disruption, particularly in communities where change of provider can destabilise already vulnerable families.

**Recognition of contextual challenges**

Contract settings that take into account rurality, workforce shortages, DFV prevalence, cultural obligations, and infrastructure limitations.

Realistic expectations around service volumes and engagement patterns in small or high-need communities.

**Summary**

A relational contracting approach is one where the funding relationship is based on collaboration, trust, shared accountability, and flexibility.

It prioritises outcomes, cultural safety, community leadership, and long-term stability.

A strong relational contract should include:

co-designed, context-sensitive outcomes,

proportionate reporting,

flexibility to adapt,

robust governance and ethical safeguards,

regular communication,

long-term commitments, and

recognition of the complexity of supporting vulnerable families.

This approach enables providers to focus on what matters most: safe, effective, and culturally respectful support for children and families.

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

To determine which organisations should be offered a relational contract, the department should use a transparent, strengths-based, and evidence-informed assessment process that focuses on the organisation's capability, community trust, cultural safety, and proven impact—not its size or administrative capacity alone. Relational contracting should be offered to organisations that demonstrate deep local engagement, flexible service delivery, and a strong track record of achieving meaningful outcomes for children and families.

### **21.a Demonstrated long-term presence, trust, and relationships in the community**

Organisations with strong, established relationships within their communities are well-placed to benefit from a relational contract. Evidence could include:

- sustained local presence,
- strong community reputation,
- partnerships with key stakeholders,
- engagement with parents, Elders, and community leaders, and
- high levels of client trust and re-engagement.

Trust is especially important in rural communities and in DFV and early intervention work.

### **21.b Proven history of delivering safe, effective, and culturally respectful services**

Eligibility should consider:

- consistent delivery of high-quality support,
- demonstrated cultural safety (particularly with Aboriginal and Torres Strait Islander families),
- trauma-informed practice,
- strong safeguarding and risk management systems, and
- evidence of positive outcomes for children and families.

This ensures relational contracts go to providers who already uphold best practice.

### **21.c Capacity to collaborate and work in integrated models**

Relational contracting is most effective when organisations:

- collaborate genuinely with other services,
- engage in shared case coordination,
- maintain strong referral pathways, and
- participate in local service networks.

This is especially important where multi-agency responses are needed (such as DFV, mental health, and child protection).

### **21.d Clear alignment with the program vision and outcomes**

Organisations should demonstrate that their service model aligns with:

- early intervention goals,
- improved child and family wellbeing,
- culturally safe practice, and
- strengthened family functioning and resilience.

Alignment ensures the contract supports the national vision, not just individual service needs.

### **21.e Strong governance, ethical practice, and transparent decision-making**

Relational contracting requires high levels of trust on both sides. Therefore, organisations should have:

- robust governance and financial systems,
- ethical and transparent decision-making processes,
- strong confidentiality and privacy protections (especially vital in small communities), and
- conflict-of-interest and integrity safeguards.

These criteria support safety and accountability without discouraging smaller or emerging organisations.

**21.f A commitment to continuous learning and improvement**

Organisations should show that they:

use data to reflect on and improve practice,  
participate in evaluation and learning opportunities,  
respond constructively to feedback, and  
are willing to adapt service models as community needs change.

This reflects the relational contracting ethos: a learning partnership.

**21.g Evidence of flexibility, innovation, and responsiveness**

Providers that adapt quickly to emerging needs such as rising DFV risk, natural disasters, or sudden gaps in local services should be prioritised.

This is especially important in rural and remote locations where community needs can shift rapidly.

**21.h Cultural leadership and community control (where relevant)**

For communities with significant Aboriginal and Torres Strait Islander populations, ACCOs should be strongly prioritised.

Where ACCOs are not yet ready or established, organisations that demonstrate genuine partnership, co-design, and cultural accountability should be considered.

**21.i Consideration of organisational diversity**

The department should avoid only selecting large, metropolitan, or highly resourced organisations.

Relational contracts should be accessible to:

small and medium organisations,  
organisations in rural and remote locations,  
community-controlled organisations, and  
specialist services such as DFV or early childhood experts.

Diversity strengthens the system.

**Summary**

The department should offer relational contracts to organisations that:

are trusted and embedded in their communities,  
deliver safe, culturally respectful, high-quality services,  
work collaboratively with others,  
uphold strong governance and ethical practice,  
demonstrate flexibility and responsiveness,  
show alignment with program outcomes, and  
commit to continuous learning and improvement.

This ensures relational contracting is reserved for providers who can genuinely partner with government to improve outcomes for children and families not just those with the largest administrative capacity.

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

Yes, our organisation is interested in a relational contracting approach, provided it is implemented in a way that genuinely supports flexibility, transparency, and shared accountability. Relational contracting has strong potential to improve service stability, reduce administrative burden, and strengthen the collaborative relationship between government and community-based providers. This is particularly important in rural and isolated communities, where local trust, continuity of service, and responsiveness to emerging needs are critical.

We see clear benefits in a contracting model that:

- focuses on outcomes rather than rigid outputs,
- allows services to adapt to rapid shifts in community need,
- reduces complex reporting burdens,
- prioritises cultural safety and trauma-informed practice,
- enables early conversations about challenges before they escalate, and
- supports long-term investment and workforce stability.

However, the model must recognise the realities of rural service delivery—including limited co-location opportunities, smaller workforce pools, and the need for high levels of confidentiality in small communities. Relational contracting must also maintain appropriate safeguards for integrity, risk management, and equitable access.

Overall, we welcome the approach because it aligns with the way effective community services already operate: through trust, collaboration, transparency, and a shared commitment to improving outcomes for children and families.

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

Yes. There are several broader considerations that are critical to the success of the proposed national program, particularly for services working in rural, remote, and high-need communities.

### **23.a Rural and isolated communities require tailored design not a metropolitan template**

Service delivery in rural areas is shaped by distance, limited infrastructure, workforce shortages, and limited co-location opportunities. These factors must be reflected in expectations around integration, outputs, service reach, and contract performance. A one-size-fits-all model risks unintentionally disadvantaging small providers who are already operating under significant constraints.

### **23.b Domestic and family violence prevalence must be more directly acknowledged**

In many communities, DFV is not a peripheral issue. It is a central driver of risk and a major factor in child protection involvement. Generalist grouping of DFV services within broad streams may unintentionally dilute specialist expertise. The program must ensure that safety, risk assessment, and trauma-informed practice remain core elements of commissioning and outcome measurement.

### **23.c Confidentiality and safety are uniquely complex in small communities**

In small towns, anonymity for clients and workers is often not possible. Program design must recognise:

- the heightened need for strong confidentiality protections,
- safety risks for both clients and staff,
- limitations in co-location with services that may also support alleged perpetrators, and
- the need for flexible service models that allow private access to support.

### **23.d Funding should reflect realistic cost structures**

Travel, outreach, staff time, and workforce retention costs are significantly higher in rural regions. If funding formulas rely only on population numbers or standard outputs, communities most in need may be underfunded and underserved.

### **23.e Workforce scarcity is a structural issue, not a performance issue**

Expectations around recruitment, qualifications, and service reach must be realistic. In many areas, the ability to deliver consistent, high-quality support is more closely tied to contract stability and adequate funding than to local labour supply. Relational contracting must recognise workforce challenges as shared, not organisational, problems.

### **23.f ACCO leadership is essential, but support and infrastructure must accompany expectations**

We strongly support growing the Aboriginal and Torres Strait Islander community-controlled sector. However, ACCOs in rural regions may require capacity-building, infrastructure support, and funding stability to transition into expanded roles safely and sustainably. This should be built into the design, not left to individual organisations to navigate.

### **23.g Data and evaluation must remain proportionate and meaningful**

While outcome measurement is important, excessive reporting requirements disproportionately burden small or rural services. Mixed-method reporting, evidence-informed narrative outcomes, and trauma-informed data collection approaches are essential to accurately reflect service impact.

### **23.h Continuity of care must be prioritised above competition**

Frequent tender cycles or abrupt changes in providers can destabilise vulnerable families. A focus on long-term relationships between services, communities, and government will be essential to building trust and improving outcomes.

### **23.i Avoid unintended consequences in funding prioritisation**

Where state government funding already exists or where an organisation has built strong local relationships over decades, this should be recognised as a strength—not a reason for reduced Federal investment. Funding decisions should consider the total ecosystem of local services, not assume duplication.

### **23.j Ensure the voices of families and frontline workers are central**

Frontline practitioners and families have deep insight into what works and what does not. Their lived experiences should be embedded in program design, evaluation, and ongoing refinements.

### **Summary**

For this reform to succeed, program design must embrace flexibility, recognise rural and cultural contexts, prioritise safety, invest in workforce and infrastructure, and avoid unintentionally disadvantaging small or specialist providers. Above all, the system must support stability, relationships, and long-term trust, the foundations of improved outcomes for children and families.