

RELATIONSHIP MATTERS

Submission to the Department of Social Services

A New Approach to Programs for Children and Families

(December 2025)

INTRODUCTION

Relationship Matters welcomes the opportunity to contribute to the consultation on *A new approach to programs for children and families*. As a long-standing Victorian not-for-profit organisation with 78 years of experience delivering therapeutic, relational, family violence, dispute resolution, early intervention and psychosocial services, Relationship Matters approaches this reform with both optimism and caution.

Relationship Matters is one of Victoria's longest-standing providers of family and relationship services, with decades of experience delivering FaRS under the Families and Children Activity. Our work sits at the intersection of DSS and Attorney-General's Department programs, giving us deep insight into the system interfaces that shape family wellbeing. This positions us strongly to comment on how the proposed reforms will operate in practice.

Our organisation operates at the intersection of family wellbeing, mental health, safety, relational stability and community connectedness. Across our eight sites, we support children, young people, adults, couples, families, older people, LGBTQIA+ communities, culturally diverse families and workplaces navigating psychosocial risk. This breadth gives us a clear and grounded perspective: children thrive when the adults and communities around them are safe, supported and connected.

We appreciate the intent behind the Discussion Paper, particularly its emphasis on prevention, early intervention, stronger ACCO leadership, and more connected local service systems. These priorities align strongly with the evidence, with the lived experience of the families we support, and with the messages consistently voiced by the sector including through FRSA's peak body advocacy, which has highlighted that existing CaPS, CfC FP, FMHSS, FaRS and SFVS programs are delivering strong outcomes and represent value for investment.

At the same time, we note that the Discussion Paper sits at a very high level. Providers are being asked to engage with an emerging concept rather than a defined program. Critical operational detail is missing, including service scope, activity definitions, eligibility, outcomes, commissioning rules, data expectations, workforce requirements, and integration structures. Without this clarity, providers are being asked to respond to and implicitly endorse a conceptual model rather than a defined system. Without this clarity, it is difficult to fully assess the practical implications of the reform or to understand how the three proposed streams will operate in a real-world service environment. We are also concerned about the speed of the reform and its alignment with concurrent Commonwealth reform processes, including Family Law, Early Childhood and the National Plan to End Violence.

The proposed vision is far too narrow. Its exclusive focus on children and young people does not reflect how prevention occurs, how families actually function, or how relational wellbeing is built across the lifespan. A system cannot claim to support child wellbeing while ignoring the adults, relationships and broader community environments that shape children's lives. Nor can it ignore safety, trauma and family violence, yet none of these appear in the vision or program structure, despite compelling national evidence and more than 300,000 child protection notifications in 2023–24.

Likewise, genuine integration cannot be achieved through co-location or contractual direction alone. Relationship Matters' decades of place-based experience show that integration requires long-term investment in relationships, shared governance, trust and a commitment to collaboration over competition. Similarly, relational contracting will only succeed if DSS itself models relational behaviours, such as continuity of staff, regular engagement and shared decision-making. These elements are not yet evident.

Finally, the complete absence of workforce and sector sustainability considerations poses a significant risk. A national system cannot function without investment in the people who deliver it: practitioners with specialist qualifications, cultural capability, trauma and family violence expertise, supervision, reflective practice and stable employment conditions.

Without clear operational guidance, the reform risks producing greater fragmentation rather than reducing it. Families already navigate multiple disconnected systems, and a new program architecture that lacks clarity may inadvertently widen gaps or create new referral barriers.

The reform process must also include a clear transition plan. Rapid or poorly sequenced transitions between current and future program structures risk disrupting service continuity, workforce retention, client safety and community trust.

For these reasons, Relationship Matters offers this submission to support what is working well, highlight where more detail is needed, and help shape a system that is safe, connected, culturally grounded and backed by a strong workforce. We remain committed to working with DSS to build a service system that truly meets the needs of families and communities.

RESPONSES TO CONSULTATION QUESTIONS

1. Vision and Outcomes

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

The new vision sets an important aspiration for children and young people, but in its current form it is too narrow to guide a national system intended to support families and communities across the lifespan. Children do not grow or thrive in isolation. Their wellbeing is shaped every day by the adults who care for them, the relationships within their family, the cultural and social environments around them, and the communities in which they live. A vision for a national child and family system must reflect this broader reality.

The proposed vision does not adequately acknowledge the role of adult wellbeing, relational stability, safety, trauma recovery, disability support, cultural identity or community belonging. It does not recognise the diverse family structures that exist across Australia, including LGBTQIA+ families, communal family structures in many CALD communities, kinship networks, intergenerational households, and chosen families. Nor does it speak to the significant proportion of adults who rely on family and relationship services but do not have dependent children.

Most concerning, the vision does not reference safety, despite family violence and trauma being among the most significant drivers of child harm and statutory involvement. A system committed to children's wellbeing must begin with a commitment to safe childhoods.

A more contemporary and inclusive vision would recognise that children, families and communities must be safe, connected, supported and able to thrive together across the lifespan.

1.2 Are the two main outcomes what we should be working towards for children and families? Why/why not?

The proposed outcomes are meaningful but incomplete. Empowering parents and caregivers to raise healthy, resilient children is a vital goal, but it assumes that parents are the only adults who shape children's lives. Grandparents, kinship carers, step-parents, chosen family, adult siblings, and community members also play significant roles. The outcome does not reflect the extent to which adult mental health, relational stability, cultural identity, disability support and financial security influence a child's daily environment.

The second outcome, supporting children to grow into healthy and resilient adults, is also essential, but it overlooks a fundamental truth: resilience cannot emerge without safety, belonging and connection. Without addressing the conditions that place children at risk, including trauma, violence, social isolation, and systemic discrimination, this outcome cannot be realised.

Revised Outcome 1:

Children grow up safe, connected and supported within their families and kinship networks.

Revised Outcome 2:

Children and young people become resilient adults through safety, strong relationships and belonging.

2. Program Structure

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

A single national program could offer greater coherence and flexibility in principle, but the Discussion Paper does not yet provide enough information to determine whether this would occur in practice. The paper outlines broad concepts rather than a functioning model. It does not describe what activities would sit within each stream, how eligibility would work, or what expectations providers would need to meet. Nor does it explain how safety, cultural inclusion, trauma, disability, or family violence will be embedded into the structure.

Because the proposal remains conceptual, organisations are being asked to comment on a system without the operational detail required to understand how it would work day to day. Without clarity on service scope, commissioning rules, reporting requirements, workforce expectations, or transitions between current and future programs, it is not possible to assess whether a single national program will enhance flexibility, reduce administrative burden, or support local decision-making. Much more detail is required before providers can meaningfully evaluate the model or prepare for substantial structural change.

2.2 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?

Relationship Matters delivers services that span all three proposed streams, but the needs of families do not fall neatly into fixed categories. Families often move between prevention, early intervention and more intensive support, sometimes within the same service relationship. Our practitioners frequently adjust the level of support in response to what families are experiencing at any moment, whether that is early relational education, short-term counselling, or sustained assistance during periods of high stress, conflict or safety concern.

However, the three-stream model presented in the Discussion Paper does not fully reflect this reality. There are two important gaps. First, there is no clear place for moderate-intensity therapeutic work, the kind that sits between early intervention and intensive, multi-agency support. This “middle tier” represents a large proportion of the families we support - those who need more than short-term help but do not require complex, high-risk, multidisciplinary intervention. Without recognising this tier, families may be pushed either into services that are too light-touch to meet their needs or into overly intensive pathways that are not appropriate.

Second, the model does not include a maintenance or stabilisation tier for families who have completed intensive support but still need ongoing check-ins, relational support, or help sustaining safety and wellbeing. In practice, long-term outcomes depend on continued connection after crisis intervention, yet this function is absent from the proposed design.

The proposed streams may be workable, but because the Discussion Paper does not define what each stream includes, how families transition between them, or how safety, cultural needs, disability, neurodiversity and language support will be built in, it is difficult to assess whether they reflect real community need. At this stage, the streams are conceptual labels rather than operational pathways. Much more detail is required to determine whether the model will help families receive the right support at the right time or whether these gaps may unintentionally create new service barriers or intensify demand at the highest tiers of support.

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

Yes. For the program to genuinely meet the needs of families and communities, several foundational shifts are required. Safety must be embedded across the entire model — not as a specialist component, but as a core expectation of every stream. Children, adults and families cannot thrive without safety, and any national program that does not centre this is incomplete.

The program must also grapple with the realities shaping service delivery: a stretched workforce, significant barriers to culturally safe supports, and large gaps in disability and digital inclusion. Families need a system that strengthens adult wellbeing, supports relationships, and recognises the role of culture, belonging and community connection in preventing harm and building resilience.

The structure of the program must also support stability across the service sector. This means reducing unnecessary competition between providers, backing long-standing partnerships, and properly funding the coordination roles that make collaboration possible. To deliver high-quality services, organisations need simpler reporting, less administrative burden and multi-year funding that gives them the certainty to plan ahead, invest in their workforce and maintain consistent support for families.

3. Prioritising Investment

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

The four priorities are directionally sound, but they cannot be implemented meaningfully without deeper structural support. Strengthening access, embedding strong local partnerships, improving service quality and increasing ACCO leadership are all essential goals. However, these priorities will only be effective if they are backed by investments in workforce capability, cultural governance, collaboration infrastructure, digital inclusion, and flexible funding models.

The priorities are a strong starting point, but they need to be grounded in the operational systems that make service delivery work.

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

Yes. The program must prioritise safety, family violence and trauma-informed practice across all streams. It must also focus on disability inclusion, CALD access, community belonging, and the social determinants that shape a family's capacity to thrive.

One of the most significant gaps in the Discussion Paper is the absence of any reference to the workforce that will be expected to deliver this reform. Relationship Matters strongly recommends that DSS treat workforce development and sector capability as central pillars of the new program, not peripheral considerations.

A functional program requires qualified practitioners across counselling, psychology, social work, family therapy and family violence specialisation. These roles demand extensive training in trauma, safety, attachment, cultural capability, neurodiversity, conflict resolution, family law intersections and child development.

To deliver the outcomes envisioned in the Discussion Paper, the workforce must be supported through consistent supervision structures, reflective practice, multidisciplinary teamwork and leadership capability. Salary parity is also critical. The not-for-profit sector continues to lose skilled practitioners to government, health and education sectors that offer significantly higher pay and greater stability. Without addressing this imbalance, the new program risks creating an architecture that cannot be delivered.

Finally, practitioners delivering high-risk, trauma-related work require dedicated mental health and wellbeing supports. Without this, burnout, turnover and vicarious trauma will continue to undermine program continuity and quality.

DSS should consider incorporating the key recommendations from the NFP Sector Blueprint, particularly on full-cost funding, indexation reform, digital uplift, workforce development and leadership capability. Without a workforce strategy, the new program cannot succeed — even if the structural design is sound.

4. Improving Family Wellbeing

4.1 Do the proposed focus areas match the needs or priorities of your service?

The proposed focus areas are important, particularly the intention to support families at risk of child protection involvement and young parents. However, they do not fully reflect the range of needs that Relationship Matters sees every day, nor the complexity of what families are navigating.

Many families who rely on our services do not fall neatly into the groups named in the Discussion Paper. For example, we work with families experiencing escalating conflict, relationship breakdown, emotional distress, disability-related stress, financial pressure, cultural isolation, and the long-term impacts of trauma or family violence. These groups are not explicitly acknowledged, yet they represent a significant proportion of people who seek help early — often before risk escalates.

We also support adolescents and young adults navigating identity, belonging, intergenerational conflict and the transition to independence. These experiences are central to family wellbeing but are missing from the focus areas.

Similarly, the current framing does not address families who are not in crisis but are under pressure: families navigating separation, repartnering, blended family dynamics, ageing parents, caring responsibilities, or strained relationships between adult family members. These issues are often early warning signs for later risk, and services like ours help prevent them from becoming more serious.

In short, the proposed focus areas cover some important needs but overlook many of the groups who rely on relational, family and community-based services to stay safe, connected and well.

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

Yes. There are several additional groups who face significant stress, complexity or barriers to support, and who should be explicitly recognised in the program design:

- Families experiencing or recovering from family violence, including adult victim-survivors without children, adolescents using violence, and families seeking early help before violence escalates.
- Families with disability or neurodiversity, where parents, children or both may experience autism, ADHD, intellectual disability or psychosocial disability; these families often need early relational support, adjustments during transitions, and help navigating fragmented systems.
- CALD families and newly arrived communities, including families facing language barriers, unfamiliarity with Australian systems, intergenerational tension, or migration trauma.
- LGBTQIA+ families and young people, who may encounter discrimination, family rejection, or unsafe environments, and who benefit from safe, affirming relational support.
- Blended and separated, navigating co-parenting, conflict, new household structures, and the emotional adjustment of children and adults.
- Kinship and intergenerational households, where grandparents, extended family or community members are primary carers, often without formal recognition or resourcing.
- Men and fathers seeking early support, particularly in relation to emotional regulation, conflict prevention, and strengthening safe relationships.
- Young people aged 12–25, navigating identity, relationships, mental health concerns, and changing family dynamics, often without a dedicated relational support pathway.
- Older people and ageing families, supporting adult children, navigating health decline, experiencing isolation, or managing changing family roles.

Each of these groups requires approaches that are culturally safe, trauma-aware, accessible, and grounded in strong relational practice. Early intervention for these families prevents escalation, reduces risk, and strengthens long-term wellbeing, yet they are not clearly reflected in the current focus areas.

5. Connected, Co-located and Integrated Services

5.1 What are other effective ways, beyond co-location, to connect and coordinate services for families?

Meaningful integration is built through long-term relationships, shared purpose and consistent collaboration. Warm handovers, multidisciplinary case discussions, joint training, shared governance, and dedicated

coordination roles are far more effective than simply sharing a building. Integration is best achieved when providers have time and resourcing to work together, and when DSS staff maintain stable, ongoing relationships with local service systems. Integration is a practice, not a place.

Importantly, stronger alignment between this reform and concurrent reforms, particularly the Family Law reforms, would create far better opportunities for integrated, co-located and complementary service delivery. Many organisations, including Relationship Matters, deliver programs funded by both DSS and the Attorney-General's Department. When these systems align, co-location becomes more than a logistical arrangement; it becomes a coordinated, streamlined pathway for families who otherwise navigate multiple disconnected services.

5.2 What would you highlight in a grant application to demonstrate a service is connected to its community? What should applicants be assessed on?

A service connected to its community can demonstrate deep, sustained relationships with local stakeholders, genuine co-design with families, cultural safety, trusted partnerships with ACCOs, and a clear understanding of local needs and diversity. Assessment should prioritise a provider's history in the community, the depth of its partnerships, its cultural capability, its workforce capacity, and its ability to respond flexibly to local contexts.

6. Responding to Community Need

6.1 Beyond locational disadvantage, what other factors should be considered to ensure funding reflects community needs?

Locational disadvantage is only one part of the picture. Community need is shaped by a wide range of social, cultural and systemic factors, many of which are not captured by geography alone. For example, communities with high levels of disability or neurodiversity often require more specialised, accessible and coordinated supports, yet disability prevalence varies significantly across regions and is often hidden within mainstream data sets.

Similarly, culturally and linguistically diverse (CALD) communities may experience strong social cohesion while still facing profound barriers to accessing services, including language challenges, mistrust of institutions, digital exclusion or fears related to migration pathways. These factors can lead to lower service usage even where unmet need is high.

Family violence rates, child protection notifications and mental health trends are also important indicators of community need and can differ significantly between communities with similar geographic profiles. Communities with high service gaps — such as limited access to therapeutic family services, culturally specific supports, or trauma counselling — require more investment, not because of where they are located, but because of what is missing around them.

Housing instability, poverty, insecure employment and the rising cost of living also increase stress across families and place additional demand on support services. Rural and regional areas often face the dual challenge of higher need and higher delivery costs, particularly where travel, workforce shortages or limited infrastructure make service provision more complex.

Finally, communities differ in their cultural strengths, leadership structures, and levels of social connection or disconnection. These factors influence not only the services required but also how services need to be

delivered to be trusted, effective and culturally safe. A funding approach that recognises these dynamics will create a system that is more responsive, equitable and aligned with real-world needs.

6.2 What's the best way for organisations to show their service is meeting community needs?

The strongest way for organisations to demonstrate they are meeting community needs is to combine meaningful data with the lived experience and insights of the community itself. Quantitative information, such as service demand, waitlist patterns, demographic trends or local risk indicators, is important, but it tells only part of the story. Equally important is the qualitative evidence that shows how the community experiences the service.

Genuine co-design processes, ongoing feedback loops and cultural governance structures demonstrate that families and communities are not just consulted at the outset but are actively shaping services over time. Lived-experience perspectives help illustrate whether services are safe, accessible and culturally responsive, and they highlight gaps that may not be captured through data alone.

Strong partnerships with ACCOs, CALD-led organisations, local councils, schools, youth services and community leaders also provide important evidence of connection and trust. These relationships show that a service is embedded in its context and responsive to local knowledge.

Ultimately, organisations show they are meeting community needs when they can demonstrate not only that people are accessing their service, but that families feel safe, supported and understood, and that the service is evolving in response to their voices and changing circumstances.

7. Improving Outcomes for Aboriginal and Torres Strait Islander Children and Families

7.1 How could the grant process increase the number of ACCOs delivering services?

Grant processes must create real opportunities for ACCO leadership. This means providing transition funding, reducing administrative burden, ensuring long-term, flexible contracts, and designing commissioning processes that do not unintentionally disadvantage smaller or regional ACCOs. Decision-making power must sit with ACCOs in communities that prefer ACCO-led models.

7.2 What else should the program design include to improve outcomes for Aboriginal and Torres Strait Islander families?

Program design must recognise the centrality of culture, Country, kinship and self-determination. This requires cultural governance roles, ACCO involvement in local decision-making, culturally grounded outcome measures, workforce pathways for First Nations practitioners, and place-based approaches that respect community protocols and histories.

8. Measuring Outcomes

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

To understand our impact, Relationship Matters needs data that goes beyond activity counts and captures the real changes occurring in families' lives. This includes measures of how family relationships shift over time, whether communication improves, conflict reduces, trust is rebuilt, or stability returns after periods of

stress. We also need reliable indicators of safety, including whether families feel safer, have stronger safety plans, or experience fewer episodes of violence or risk.

Mental health and emotional wellbeing are central to our work, and we need measures that track improvements in confidence, coping, emotional regulation and resilience for both adults and children. Equally important are outcomes relating to belonging and cultural identity. Families thrive when they feel connected to their culture, community and support networks, so data that captures cultural safety, identity strength and social connection is critical.

Quantitative measures are valuable for identifying patterns and trends, but narrative and qualitative data is just as important. Stories from clients, examples of relational shifts, feedback from young people and lived-experience reflections provide depth that numbers alone cannot capture. These insights help us refine our practice, respond to emerging needs, and ensure that our services remain trauma-informed, culturally inclusive and genuinely helpful.

Ethical considerations must guide not only how case studies are created but also how they are used. Case studies often describe highly sensitive situations involving trauma, family violence, mental health concerns or system involvement. It is essential that the department commits to using case studies respectfully, ensuring they are not decontextualised, sensationalised, or used in ways that could compromise privacy, cultural protocols or community trust. Safeguards should include clear consent processes, restrictions on secondary use, and assurances that case studies will not be used for marketing, political narratives or performance comparisons between providers.

Finally, the sector would benefit from stronger ongoing evaluation leadership from the department. DSS is well placed to support consistent outcome measures across programs, reduce duplication, invest in shared data systems, and facilitate sector-wide learning. A program of this scale requires not just reporting, but a coordinated evaluation approach that helps all providers understand what is working, for whom, and in what contexts, so that families receive the highest quality support across the country.

8.2 What kinds of data or information would be most valuable to share to show positive impact?

To demonstrate positive impact, the most valuable information is that which reflects meaningful change in people's lives. High-quality case studies that illustrate relational shifts, such as reduced conflict, improved communication, restored connection between parents and children, or safer co-parenting arrangements, provide powerful evidence of impact. These real-world examples show the outcomes that matter most to families.

Safety indicators are also crucial. Evidence that families feel safer, have stronger protective factors, experience reduced harm, or successfully navigate risk underscores the importance of therapeutic, relational and early intervention work.

Cultural and community outcomes, such as increased cultural connection, stronger community involvement, improved belonging for CALD or LGBTQIA+ families, or more accessible supports for people with disability, help demonstrate whether services are reaching and benefiting groups who often face barriers.

Client-voice data, including satisfaction, trust, cultural safety ratings and "what changed for me" feedback, is one of the most genuine indicators of value. When clients describe their experience in their own words, it demonstrates impact in a way that is both measurable and deeply human.

8.3 If you currently report in DEX, what SCORE Circumstances domain is most relevant?

Family functioning, personal safety, mental health and community engagement are the most relevant domains to our work.

8.4 What kinds of templates or guidance would help prepare strong case studies?

Clear prompts linked to outcome domains, examples of best-practice case study narratives, guidance on ethical storytelling and consent, and templates that integrate qualitative and quantitative evidence would all support stronger, more consistent case studies.

9. Working Together (Relational Contracting)

9.1 What does a relational contracting approach mean in practice? What criteria should be included?

A genuine relational contracting approach means working as partners, not simply managing compliance. It requires DSS and providers to share responsibility for outcomes, to invest in the relationship itself, and to work together with openness, consistency and mutual accountability.

Relational contracting cannot be achieved through language alone — it requires significant investment and behavioural change from the department. Providers cannot deliver relational practice if the contracting environment remains transactional, compliance-heavy, or subject to high staff turnover on the DSS side.

In practice, relational contracting requires:

- stable, knowledgeable DSS staff who can build long-term relationships with providers
- regular, proactive engagement rather than infrequent check-ins
- shared problem-solving, not one-way monitoring
- flexibility to respond to local context and emerging needs
- time and resourcing for collaboration, reflective practice and integration
- clear expectations and reliable communication from the department
- mutual accountability — DSS must model the relational principles it expects of providers

Relational contracting is only possible when both DSS and providers are resourced and supported to work in this way.

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

In reality, most organisations in the child and family sector would welcome a relational contracting approach. It reflects the way we already work, through trust, continuity and partnership, and it is far better suited to the complexity of family support than transactional or compliance-driven models. The question is therefore not which organisations *deserve* a relational contract, but whether the Department is prepared and resourced to implement relational contracting consistently across the sector.

Relational contracting should not be determined by organisational size, branding or scale. Smaller organisations, ACCOs and regional providers often have the deepest local relationships and are well placed to work relationally.

If the Department chooses to prioritise relational contracting, the key assessment is whether DSS itself is ready to uphold its side of the relationship: stable staffing, consistent engagement, timely decision-making, and flexibility to respond to local need.

Rather than limiting relational contracting to a subset of providers, the Department should consider making it the standard approach and investing in the systems, workforce and culture needed to support it.

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

Yes. Relational contracting aligns strongly with our values and service approach. Our work relies on continuity, trust and shared decision-making. We welcome a framework that supports partnership rather than compliance, provided DSS also commits to stable staffing, timely communication, local engagement, and shared accountability.

10. Other

10.1 Additional considerations the department must take into account

Beyond the specific consultation questions, there are several system-wide issues that must be addressed if this reform is to succeed.

First, safety must be treated as a core responsibility across all streams and all service types. It cannot be assumed or implied. A national program focused on children and families must explicitly commit to safe childhoods, safe relationships and safe communities. This includes safety from family violence, abuse, neglect, coercive control and systemic racism, as well as psychological and cultural safety within services themselves.

Second, workforce capability and sector sustainability must be recognised as central, not peripheral. As outlined earlier, without full-cost funding, fair indexation, workforce development and salary parity, the new program will struggle to attract and retain the skilled practitioners it needs. The discussion of structural reform must be matched by an equally serious commitment to investing in the people who will deliver it — including their supervision, wellbeing, cultural capability and professional development.

Finally, the new program must be deliberately aligned with broader Commonwealth reforms in family law, early childhood, mental health, violence prevention and disability. Families experience these systems as one interconnected environment, not as separate policy streams. Decisions made in one area — for example, changes to family law processes, NDIS access, or the implementation of the National Plan to End Violence Against Women and Children — directly affect demand, risk and service needs in the children and families' program.

If this reform proceeds in isolation, without explicit coordination with these other agendas, there is a real risk of duplication, contradictory expectations and increased complexity for families and services. Alignment is needed at several levels: shared outcomes and language; compatible data and reporting requirements; clear referral pathways; and commissioning approaches that do not inadvertently pull workforce and resources away from one part of the system to another.

10.2 The role of commercial providers

Relationship Matters wishes to raise one further concern that sits outside the specific consultation questions but is fundamental to the integrity and safety of the new program: the involvement of commercial, for-profit providers in core children and family services.

Over the past decade, multiple national inquiries and reviews, including in aged care, disability, early childhood education and other human service systems, have shown a consistent pattern: when profit-driven organisations enter essential social care, quality declines, safety is compromised, costs rise, and public trust erodes.

The sector remains deeply concerned about recent commissioning choices in which large corporate providers have been given central functions in trauma, violence and family support programs. These models place corporate entities in positions of authority over specialist community providers, fundamentally altering the architecture of service delivery.

Relationship Matters believes commercial entities are fundamentally unsuitable to deliver or lead the kinds of services envisioned in the proposed new national program. Six reasons are critical:

1. Children and families require continuity, trust, therapeutic skill and long-term local presence. Corporate operating models, built around volume, efficiency and standardisation, cannot deliver this safely or effectively.
2. Community trust is earned over decades and cannot be recreated commercially; ACCOs, CALD organisations and NFPs hold deep community trust that is essential for engagement, disclosure, safety planning and cultural connection.
3. Profit-driven models lead to workforce casualisation, subcontracting chains, pressure to reduce costs at the expense of quality and prioritisation of throughput over therapeutic depth. These dynamics are incompatible with family support.
4. Families in crisis are not “customers”. Families experiencing trauma, violence, separation, disability-related stress or intergenerational complexity cannot be served safely within customer-service models, call centres or standardised triage frameworks.
5. When corporate organisations are given leadership roles, community providers are forced into subcontractor positions with limited autonomy, decision-making power or financial viability. This weakens cultural safety, local responsiveness and system quality.

This reform is a rare opportunity to strengthen a national system that is relational, community-led and culturally grounded. Allowing corporate providers to occupy central roles would undermine that goal and risk replicating the failures seen in other human service systems.