

A new approach to programs for families and children – DSS Discussion Paper

Relationships Australia South Australia Response



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Executive Summary

Australia's Family and Children programs form a critical national platform for supporting the wellbeing of children, young people and families. Recent enhancements across family mental health, domestic and family violence responses, and children and parenting supports have strengthened this foundation. However, the system remains weighted toward single-issue and fragmented responses. Economic pressure, housing instability, family domestic and sexual violence (FDSV), loneliness and complex trauma are increasingly driving relational strain and too often pushing families into crisis before support is available or accessible.

The proposed DSS reform offers a pivotal opportunity to rebalance the system toward prevention, early help, and safe, high-quality intensive responses. A prevention lens must guide both early assistance and intensive interventions so that moments of acute need become opportunities for healing and capability-building, rather than service cul-de-sacs and entrenched disadvantage. Universal supports should reduce stigma and enable families to address relational strain early, while targeted and intensive services must be holistic, coordinated and responsive to complexity.

A prevention-oriented system must also embed a strong developmental lens across all service responses. Attending to the developmental needs of infants, children, young people and older adults not only prevents escalation and strengthens safety and resilience, but it also enhances family functioning and delivers significant long-term social and economic benefit.

Achieving this requires more than technical adjustments to contract settings. It demands a fundamental redesign of commissioning, service architecture and outcomes measurement; better integration across human services broadly – commonwealth and state; shared and consistent safety governance and accountability across government and non-government systems; and stronger disability and culturally-inclusive practice across both specialist and mainstream organisations.

Rebalancing the system requires more than incremental program improvements. It demands:

- **Recalibrated funding models** that prioritise prevention and early help, including support offered at the point of acute need.
- **Cross-sector professional collaboration** to ensure integrated and coordinated responses.
- **Coherent, joined-up service pathways** grounded in a shared theory of change, supported by systematic - not ad hoc - screening for the constellation of child and family wellbeing and safety risks.

- **Validated, relationally meaningful outcome measures** applied consistently across the system to track progress, strengthen practice, and build a credible evidence base for accountability and decision-making

RASA welcomes DSS's exploration of relational contracting and streamlined reporting. However, a reform of this scale demands disciplined sequencing and the deliberate design of a coherent family and children wellbeing architecture, anchored in a shared theory of change spanning prevention through to intensive response. It requires government to be clear-eyed about the role it plays in shaping the system: how contracting levers incentivise or constrain quality, how service pathways are structured, and how collaboration is either enabled or eroded. These considerations need thoughtful planning. Rushed or poorly integrated reforms risk deepening fragmentation rather than resolving it.

Progress will also rely on government investment in the development and ultimately adoption of validated outcome measures capable of reliably capturing relational wellbeing across diverse services and settings that must underpin accountability for the whole system. Data, when gathered through relationally attuned screening rather than compliance-driven processes, is a powerful enabler of DSS's reform agenda. It supports better triage, earlier identification of risk, more tailored service responses and offers a foundation for the implementation of a shared outcomes framework that needs to underpin relational contracting and system accountability.

The reform must be informed by evidence and shaped in genuine partnership with mainstream providers, ACCOs, specialised services, and people with lived experience, to ensure system change does not create further instability for the families it aims to support. Progress will rely on cross-sector collaboration, funded infrastructure for shared learning and integration, and a willingness to confront the entrenched structural barriers – competitive tendering, siloed funding, inevitable organisational patch protection, and inconsistent definitions of impact – that have fractured the current landscape.

With calibrated investment, funded collaboration and a unified outcomes framework, the redesigned architecture is an important opportunity to create a more equitable, cost effective, humane and coherent national system; one that supports families earlier, responds proportionately and holistically to risk and strengthens the relational foundations essential for long-term wellbeing.

Vision and outcomes

The Strength of the Existing Platform

The Government of Social Services' (DSS) Family and Children programs form a critical national platform for strengthening the wellbeing of children, young people, and families. Ever since the 1975 no fault divorce laws, Australia has benefited from subsidised services that support families through relationship distress, parenting challenges, family and domestic violence, and the predictable pressures that arise across the life course – forming relationships, becoming parents, adjusting to separation, supporting adolescents, caring for ageing parents, navigating retirement and re-partnering.

Recent enhancements such as expanded family mental health services, specialised domestic and family violence responses, and targeted children and parenting supports, have strengthened this foundation. These developments acknowledge both the protective value of relational wellbeing and the importance of helping families maintain safety, stability and connection following adversity. However, the cost-effectiveness of these relationally focused supports remains under-recognised in policy and funding decisions.

Poor family functioning significantly contributes to acute mental health presentations, crisis service use and long-term system involvement. This relationship is often bi-directional: system contact can strain relationships, while relationship distress can drive individuals into services. Despite this, the early-warning signals that struggling relationships represent, as well as the role that relationship quality can play in recovery and improving individual and community wellbeing, remain insufficiently researched and undervalued.

A stronger economic evidence base would help demonstrate the value of early investment in family capability, rather than absorbing far greater downstream costs. Building this case would generate benefits across multiple areas of government responsibility.

The Case for a More Coherent, Accessible and Integrated System

Despite firm foundations, there is considerable opportunity to strengthen coherence, accessibility and impact. Relationship wellbeing is a core driver of population health, and the Government's shift toward a public-health framework, spanning universal prevention, early intervention and tailored intensive supports, creates the conditions for a more integrated and fit-for-purpose system.

The current fragmentation across the service system is itself a driver of family distress, particularly for those requiring intensive support. Misaligned priorities between State and Commonwealth services and courts, coupled with differing eligibility requirements

across health, education and child protection systems, create a landscape in which families experience both neglect and over-regulation. Instead of coordinated help, they encounter contradictory pathways, repeated retelling of trauma, and inconsistent thresholds for support. This systemic disarray compounds the turbulence already present in families' lives, amplifying frustration, harm and mistrust at the very moments when clear, consistent assistance is most needed. In short, system chaos amplifies family chaos.

The proposed reform is a chance to redesign service architecture around a holistic, evidence-informed commitment to supporting child and family wellbeing, rather than perpetuating the fragmentation, reactive settings and unintended harm that arise when systems are ill-conceived, misaligned or overwhelmed.

Designing a system capable of providing both universally accessible supports and tailored, intensive responses is ambitious and necessary. Prevention must be understood not only as stopping issues before they emerge, but as a core approach embedded within high-intensity and acute responses. When understood as part of a coherent continuum of support, moments of acute need can become opportunities for learning, repair and strengthened relational capability for families. This focus on learning and repair should not only guide how families and individuals are viewed within the system; it must also shape the intentions and practices of the system itself – its services, its design and the practitioners who work within it.

Services that use intensive engagement as a gateway to prevent further harm and that respond effectively to crisis and acute need, offer more effective holistic pathways for families and individuals to recover from trauma and reset their direction. This is especially true for families who live with the compounding effects of discrimination, poverty and systemic mistrust, and who typically encounter services only when difficulties have intensified to a point of acute need. It is also especially true of domestic violence and domestic homicide situations.

Without a holistic, prevention-focused approach at the point of acute need, services tend to become fragmented and siloed. Narrow, issue-specific responses often entrench dependency, misalign support and compound relational harm; either by focusing on an individual when the family relationship requires attention, or by addressing only a small fragment of the broader constellation of difficulties impacting wellbeing.

In contrast, a coherent system oriented toward prevention leans into the full constellation of factors shaping a family's circumstances and mobilises resources to deliver collaborative responses that strengthen relationships rather than create service dependence. By building capability within families and communities, these responses are more sustainable and more likely to interrupt cycles of harm.

Achieving this requires system architecture that enables cross-agency collaboration and supports professional practice capable of recognising and responding to the holistic nature of risk.

A developmental lens is key to prevention

A system genuinely grounded in prevention must embed a strong developmental lens, one that recognises the profound benefits to individual, family and community wellbeing, as well as the cost-effectiveness of intervening early, before distress escalates.

DSS programs are uniquely positioned to support children and their parents together, and this requires acknowledging that infants and young children are not passive bystanders to adult experiences. They are primary clients whose safety, emotional regulation, attachment relationships and developmental trajectories require deliberate attention. When services notice and respond early through a rigorous developmentally informed lens, child-inclusive practice and careful attention to the caregiving environment, they can prevent escalation, strengthen protective relationships, and stabilise families before crises take hold. This vigilance remains essential in intensive responses, where cumulative stressors such as trauma, disability, housing instability or family violence place young children at heightened risk. Embedding a developmental lens across prevention, early intervention and intensive supports ensures the system can reduce avoidable harm while promoting the resilience and relational capability that underpin healthy futures.

A developmental perspective is not just in the interests of infants and children. It also strengthens outcomes for parents. Our DOORS data show that two out of three parents accessing our services for non-child-specific concerns report high stress about their children's wellbeing. When practitioners help parents understand their child's developmental needs, emotional cues and emerging capacities, it reduces feelings of blame or inadequacy, builds confidence in caregiving and enhances the parent-child relationship. By offering clear guidance on what supports a child's safety, regulation and connection and by helping parents recognise the impact of stress or trauma on development, services equip families with practical strategies to buffer harm, respond more effectively to challenges, and sustain hope and agency. This approach not only supports children; it strengthens parents' wellbeing and family functioning as a whole.

At the other end of the life course, a developmental lens equally illuminates the dynamics of elder abuse and isolation. Vulnerability in later life, like early childhood, is shaped by relational, social and health factors. Older people experiencing abuse or isolation may be navigating declining cognitive, physical or emotional capacity alongside major transitions such as bereavement, loss of independence, family conflict or diminishing community connection. Recognising these periods as critical

developmental junctures enables services to respond in ways that preserve dignity, safety and agency for the whole family. It also encourages practitioners to understand family interdependencies, caregiving stress, unresolved trauma, and relationship strain, that heighten risk and escalate harm. Applying a developmental lens here strengthens the capacity of services to identify early indicators of harm, reduce isolation, build protective relationships and tailor responses that honour the person's history, cultural context and evolving needs across the ageing journey.

A prevention-oriented system must embed a strong developmental lens across all service responses. Attending to the developmental needs of infants, children and older adults not only prevents escalation and strengthens safety and resilience, but it also enhances family functioning and delivers significant long-term social and economic benefit.

What the Evidence Tells Us

Relationship Indicators Research

Relationships Australia's Relationship Indicators project provides one of the most contemporary and nuanced portraits of relational pressures in everyday family life (Relationships Australia, 2024). It highlights the impact of cost-of-living strain, housing instability, mental health challenges, parenting stress, conflict and loneliness on relationship quality. These stressors emerge long before crisis but create the conditions in which relational harm and family violence escalate.

The research also shows that many families face significant barriers to seeking help early. This reinforces the need for universal supports that reduce stigma and enable families to access assistance without gatekeeping. At the same time, well-designed crisis responses can serve as circuit breakers - interrupting harm, restoring safety and enabling recovery. Where crisis responses are fragmented or transactional, they erode trust and compound stress.

AIFS, HILDA and National Datasets

AIFS research (Rioseco, Warren, & Daraganova, 2020; Stevens & Gahan, 2024) reinforces that children's social and emotional wellbeing is deeply shaped by parental mental health, family stress, parenting practices and broader social determinants. It also shows Australia's system remains heavily weighted toward tertiary responses, leaving families without support at the earliest stages of relational strain.

Population-level datasets, HILDA (e.g., Wilkins, Vera-Toscano, & Botha, 2023), ABS collections (Australian Bureau of Statistics, 2021-22), and Australia's National Research Organisation for Women's Safety (ANROWS) (Toivonen & Backhouse, 2018), tell a consistent story: economic pressure, relationship distress, loneliness, housing stress and family safety risks are deeply interconnected. Family violence and coercive control

remain pervasive; loneliness and social isolation are growing, particularly among young adults and parents of young children. Once child protection or criminal justice systems are involved, long term outcomes for families and future generations deteriorate exponentially.

Elder abuse and social isolation are escalating public health concerns that also require attention (Crockett et al., 2022; World Health Organization, 2024). Research consistently shows that vulnerability in later life is shaped not only by current circumstances but by long-standing relational patterns, cumulative disadvantage, disability, trauma histories and the quality of intergenerational connections across the life course. AIFS, ANROWS and international studies highlight that elder abuse, whether financial, emotional, physical or neglect, is more likely to occur in families where earlier relational strain, unresolved conflict, coercive dynamics or caregiving stress have gone unaddressed. Isolation further compounds risk, particularly for older people from CALD communities, those living with disability, and those who have experienced bereavement or lifetime marginalisation. Active focus on relationship wellbeing enables services to understand these trajectories, intervene earlier in relationship decline, and design supports that strengthen safety, dignity and connection rather than responding only at crisis points.

Integrated Evidence from PLIDA

Integrated data from the Person Level Integrated Data Asset (PLIDA) (Pham et al., 2024) adds powerful insights. Children in families experiencing sustained parental disadvantage have markedly higher developmental vulnerabilities at school entry. Young people leaving out-of-home care experience poorer educational and employment outcomes and earlier system contact. Intergenerational analyses demonstrate that a parent's childhood disadvantage predicts poorer outcomes for their children, even when current income is controlled. Furthermore, removing a child from a stressful or abusive environment is most often not a solution or preventive of greater risk, but begins a cycle of continuing harm.

Across all datasets, a clear message emerges; early relational stress, if unaddressed, solidifies into long-term harm and intergenerational disadvantage.

Implications for System Design

Rebalancing the system requires more than incremental program improvements. It demands:

- **Recalibrated funding models** that prioritise prevention and early help, including support offered at the point of acute need.
- **Cross-sector professional collaboration** to ensure integrated and coordinated responses.

- **Coherent, joined-up service pathways** grounded in a shared theory of change, supported by systematic—not ad hoc—screening for the constellation of child and family wellbeing and safety risks.
- **Validated, relationally meaningful outcome measures** applied consistently across the system to track progress, strengthen practice, and build a credible evidence base for accountability and decision-making

This transformation is substantial. Prevention principles must shape both early assistance and acute response, ensuring intensive interventions act as opportunities for healing, capability-building and the prevention of further harm to avoid being gateways into entrenched disadvantage. Universal supports must reduce stigma and help families address relational strain early, while targeted and intensive supports must be holistic and integrated.

Getting the Reform Process Right

The scale of reform proposed by the Government is significant, and the opportunity is profound. Transformation of this magnitude must be well-sequenced, evidence-informed and undertaken in genuine partnership with providers. Poorly designed or rushed implementation risks undermining the intent of the reform.

RASA strongly supports the Government’s ambition and encourages a measured, coherent transition process that protects the integrity of this vision. A balanced, prevention-aligned system offers the strongest pathway to improving child wellbeing, strengthening families and reducing intergenerational harm in Australia.

Improving access and equity for families with complex needs

RASA recognises that a central priority for the proposed program architecture is improving access and equity for families experiencing complex and intersecting forms of disadvantage. The convergence of social isolation, discrimination, disability, poverty and intergenerational trauma has profound effects on relationship wellbeing and often heightens the difficulty families face in seeking, engaging with and sustaining support. People living with disability, LGBTIQ+ people, those with care-experienced backgrounds, migrants and refugees, and Aboriginal families all require inclusive, high-quality mainstream services alongside specialist, community specific and/or lived experience responses.

Because mainstream services are not defined by a single identity or issue, they must hold a critical responsibility for providing safe, accessible pathways for people whose experiences cut across multiple domains. Mainstream should not be understood as serving a “general” or “typical” client, but as serving *everyone* - including those navigating the intersecting impacts of disability, culture, trauma, gender identity, poverty and migration. The intersectional nature and cumulative weight of stigma,

discrimination and exclusion make it essential that mainstream services are welcoming, culturally competent and equipped to respond to a broad spectrum of lived experiences. When mainstream systems embrace this role, they expand choice, reduce barriers and strengthen equity across the entire service system.

Given the central role of relationship and parenting support in recovery, stabilisation and long-term wellbeing, mainstream providers within the DSS programs must be obliged to strengthen their capability to work confidently and effectively with complexity. This includes trauma-responsive practice, disability competence, cultural safety, removing structural barriers to access, and improving coordination across the systems that intersect with families burdened by a constellation of disadvantage.

Strengthening services for Aboriginal families and children

The longstanding failure to improve outcomes for Aboriginal and Torres Strait Islander families requires a fundamental shift toward Aboriginal leadership, authority and accountability in service design and delivery. RASA supports reinvestment in Aboriginal leadership and Aboriginal Community Controlled Organisations (ACCOs) and is equally committed to strengthening outcomes for Aboriginal families across the entire child and family support system. System reform must ensure that Aboriginal leadership, governance and practice expertise shape service implementation, and that families experience meaningful improvements in safety, wellbeing and choice wherever they engage – whether with ACCOs or mainstream organisations.

RASA continues to invest in Aboriginal leadership, practice approaches, partnerships and staff representation throughout our organisation. Aboriginal families must have genuine choice in culturally safe, respectful services, and the wider community benefits from practice frameworks grounded in Aboriginal knowledge, wisdom and relational approaches. These dual imperatives - strengthening ACCOs and transforming mainstream services - must progress in parallel. Reinvestment must be achieved through proportional adjustments across the broader system to avoid narrowing options available to Aboriginal families or diminishing Aboriginal leadership within mainstream services.

Investing in ACCO capability and infrastructure must not result in mainstream organisations retreating from their responsibility to provide culturally informed, comprehensive support. Strong partnerships between ACCOs and mainstream providers are essential to prevent further fragmentation and to ensure families with complex needs receive coherent, tailored and culturally safe responses. Funding shifts that diminish Aboriginal leadership and practice embedded within mainstream services risk undermining the very goals of reform. A balanced system must strengthen both ACCOs and mainstream organisations so that each can contribute meaningfully to improved outcomes for Aboriginal children, families and communities.

Strengthening services for people living with disability

The proposed reforms to Australia's family and children's service system must be intentionally inclusive of the supports required by people living with disability. The Disability Royal Commission (DRC) has shown that exclusion and poor outcomes most often arise not from impairment, but from mainstream systems that remain inaccessible or unable to accommodate diverse needs. Families with disability experience higher barriers to safety, stability and recovery, and when these barriers persist, pressure shifts to acute and statutory systems. Embedding disability inclusion across the commissioning and delivery of DSS programs is therefore fundamental to both equity and system effectiveness.

A prevention-oriented model relies on universal and early-help services that can recognise and respond to disability-related complexity. This requires investment in reasonable adjustments, disability-capable workforces, accessible communication, advocacy pathways and integrated practice across family, parenting, mental health and safety responses. The reforms offer a timely opportunity to align DSS programs with the DRC's vision for accessible, rights-based and person-centred practice, ensuring disability inclusion is foundational through universal design, rather than an optional specialist add-on.

Shifting away from reliance on disability-specific services alone is critical, as this has too often meant that the relational needs of people with disability, and the dynamics within their families and support networks, have been overlooked. Equitable reform requires mainstream organisations to build their own inclusion capability, adopting universal design, removing barriers, embedding co-design, strengthening disability-aware clinical governance and fostering environments, where people with disability feel genuinely safe, respected and able to participate fully. Choice must sit with individuals, meaning mainstream services share responsibility for accessibility and inclusion.

RASA's Disability Inclusion Plan reflects these principles through commitments to listening to people with disability, removing cultural and environmental barriers, designing services collaboratively, strengthening inclusive workplaces and using data for accountability. These commitments mirror the aspirations of the new DSS architecture and demonstrate how mainstream organisations can ensure people with disability are full partners in service design and delivery.

A strong and equitable system will require disability-led organisations, mainstream providers and government working together – each bringing complementary strengths to a shared commitment to safety, dignity and full participation. The new DSS program structure offers an important opportunity to embed these principles across the service ecosystem, ensuring people with disability can access high-quality relationship and family supports wherever they choose to seek help.

Strengthening services for Culturally and Linguistically Diverse Children & Families

RASA's long-standing work with multicultural communities, particularly through our PEACE Multicultural Services, has highlighted the breadth and intensity of pressures experienced by many CALD families and children. It has also underscored the importance of culturally attuned, community-embedded approaches; approaches that build trust, reduce stigma and enable genuine engagement with the complex impacts of migration, cultural dislocation and trauma.

Through PEACE, we work alongside diverse communities to build trust in help-seeking, strengthen cultural safety, reduce stigma, and shape interventions that reflect the lived realities of families navigating migration, settlement, intergenerational change, and cross-cultural relationships. The drivers of migration and resettlement frequently include trauma arising from war, persecution, poverty, and cultural dislocation. These experiences, coupled with the challenges of social and cultural isolation, limited understanding of Australian systems, and elevated distress, must be recognised and addressed with care, cultural humility, and approaches that honour both individual and collective histories.

In 2024 the Office of the Chief Psychiatrist in SA funded us to support over 180 Palestinians affected by the Hamas-Israel conflict via education and counselling. We know from this work and many other community-based projects that misinformation and fear from lack of understanding of Australian systems leads to protective self-isolation. Grief remains unprocessed, hope diminishes, and self-efficacy is undermined. Intergenerational tensions occur as children engage with mainstream peers, and radicalisation can arise. We also know collective grieving and learning together with trusted peers is more effective than individualised responses.

Our experience with PEACE multicultural services has taught us that culturally nuanced engagement is not peripheral but central to effective service design. We know that shaping a more inclusive, responsive DSS program architecture must consider the many different assistance requirements of CALD families and children.

Improving access and equity for families with complex needs also requires a more sophisticated understanding of culturally and linguistically diverse experiences. Effective prevention, early help and intensive responses must be grounded in an appreciation of how language, culture and migration history shape help-seeking, risk and engagement with services especially attitudes and expectations of parenting and family relationships.

Current DSS demographic definitions of CALD status – speaking a language other than English at home or being born overseas – do not fully capture emerging cohorts whose cultural and linguistic contexts significantly impact service effectiveness. These include “third culture” children and young people who are born in Australia but live with parents

who have limited English proficiency and who often navigate between home, school and broader social environments without adequate support. Families in which one partner is born overseas, and the other is an English-speaking Australian may also experience heightened vulnerability to coercion, control and violence, with barriers to accessing assistance compounded by language asymmetry. Mixed migrant families who use English as a common language at home may similarly face cultural barriers, limited knowledge of and significant mistrust in Australian service systems, and challenges in recognising or responding to emerging risks.

Together, these insights point to the need for a commissioning approach that recognises the diversity within CALD communities and embeds cultural capability across all levels of the service system. A reformed DSS architecture that values lived experience, funds culturally responsive practice, and strengthens partnerships between mainstream and multicultural organisations will ensure that CALD families can access timely, safe and effective support. Mainstream services can play a critical role when they commit to being genuinely inclusive, ensuring that cultural safety, accessibility and responsiveness are core to everyday practice rather than specialist add-ons. Strengthening this foundation within the DSS service system for children and families is essential to achieving a truly equitable national system capable of meeting the needs of *all* families.

Streamlined Reporting Arrangements

We are pleased the DSS is exploring relational contracting. We strongly support the Productivity Commission's (Productivity Commission, 2017, 2025) recommendations to reform contracting with the not-for-profit sector. The Commission has made clear that the current model, short-term contracts, underfunding of true delivery costs, and excessive reporting obligation, is unsustainable and actively undermines service quality.

Our recent review of RASA's contract burden revealed that our 52 State and Commonwealth contracts - collectively valued at more than \$40 million - require 707 contract-mandated reports annually.

This extraordinary reporting burden also does not include the contributions and reports we make for funder-required service evaluations conducted by institutions such as AIFS and universities or the provision of submissions or case studies for funders and individual contract managers. The failure of indexation and supplementation to keep pace with salary growth and the rising costs of doing business, combined with an escalating reporting burden, has substantially reduced the sector's capacity for innovation and service delivery.

While well-intentioned, the current emphasis on demonstrating accountability for public funds has become self-defeating: the very systems designed to ensure efficiency

now generate duplication, administrative overload and unnecessary waste. The underlying assumption that compliance activity equates to accountability is fundamentally flawed. Accountability should be driven by evidence of effective outcomes for children and families, not by an ever-expanding suite of reporting tasks that divert time and resources away from meaningful service delivery.

We therefore strongly support DSS's proposal to streamline reporting arrangements, and hope that adopting the Productivity Commission's call for longer-term contracts, full cost recovery, outcomes-focused accountability and a reduced administrative burden will form the basis for this improvement.

Beyond Technical Adjustments: Structural Barriers to Reform

Genuine sector reform and the re-commissioning of family and children's services require far more than technical adjustments to contracts. The shift to a coherent, prevention-oriented model demands a fundamental reconfiguration of the entrenched structures that currently shape commissioning – particularly competitive tendering, organisational patch protection and a siloed service architecture that rewards fragmentation over collaboration. These dynamics stifle innovation, inhibit integrated practice and work directly against the public health approach DSS seeks to embed across the national system.

To realise a genuinely rebalanced architecture that is capable of offering timely relational support as well as effective intensive responses, the government and providers must move toward partnership-based commissioning, shared accountability for outcomes and sustained investment in capability, data infrastructure and system-level collaboration. Addressing these structural constraints is essential; without doing so, relational contracting cannot achieve its intended transformative impact.

The Role of Data

Within this broader shift, the role of data is critical. In the digital age, data collection is rightly subject to scrutiny, requiring ethical attention to privacy, transparency and purpose. Many practitioners continue to view data collection predominantly as a compliance exercise rather than as integral to safe, high-quality effective practice. RASA's more than a decade-long experience with Family DOORS shows that when data is gathered through a well-designed, relationally attuned framework, it elevates client experience, strengthens practitioner confidence and improves organisational effectiveness. Three principles (Lee, Ralfs, Booth, & McIntosh, 2021) underpin our positive relationship with DOORS and the data it generates:

- **Good for the client**

Screening must deliver immediate value. It should help clients articulate the complexity of their circumstances and actively participate in shaping their

service response. At a minimum it must avoid harm or pathologising vulnerable people; at best it will enhance safety, clarity and shared understanding from the outset.

- **Good for the practitioner**

Screening should support practitioners by providing early visibility of patterns, risks and priorities, enabling tailored responses that reflect what is most relevant for the client. DOORS data informs service goal-setting, strengthens referral pathways, guides supervision and provides a shared framework for monitoring progress over time. It enhances clinical precision and mitigates risk.

- **Good for the organisation**

Screening data must be practical and meaningful for quality improvement, service planning and continuous learning. It also supports compliance obligations and strengthens multidisciplinary pathways and cross-agency collaboration - elements critical to coherent responses for families with complex needs. When used well, screening becomes an organisational asset that improves system coherence rather than an administrative burden.

In this context, screening must be understood as distinct from and a necessary precursor to, clinical assessment. It should be applied universally to everyone seeking support, rather than used selectively or only when risk is presumed. Evidence shows that the very act of seeking help is itself a strong indicator of underlying risk, making universal screening essential for early identification.

Holistic, self-reported screening interrupts practitioner assumptions and creates space for families to articulate, in their own words, the issues affecting their safety and wellbeing. It also establishes a transparent foundation for shared expectations that clarify what clients are seeking and what the practitioner or service is able and intending to provide. This approach ensures that lived experience genuinely shapes the service response and supports the development of interventions that are proportionate, coherent and tailored to each family's needs.

Through linking client self-report, tailored service responses, organisational learning and system-level data, a practical foundation for relational contracting based on outcomes accountability is possible and achievable. Effective holistic screening can function not as an add-on but as core infrastructure for a prevention-oriented system: informing triage, guiding intensity of support, identifying safety risks earlier, and generating the basis for measuring outcomes that reflect real improvements in relational wellbeing.

Validated Outcomes as the Foundation for Relational Contracting

A key feature of relational contracting is a service system architecture that understands what support is needed, when it is likely to be accessed, and how services can respond

coherently across the continuum of prevention, early help and intensive intervention. Service responses must be grounded in a clearly defined theory of change, implemented with fidelity and demonstrably capable of improving outcomes for families and children.

At present, this framework remains underdeveloped. Attempts to establish outcomes measures have repeatedly been hindered by limited clarity about the distinctions between screening, assessment and outcomes; by the conflation of contract compliance activities with genuine service-level outcomes; and by uncertainty about how these differ from broader population-level indicators. These challenges are compounded by sector anxiety about the scale of conceptual and organisational change required. A meaningful shift to client outcomes cannot be achieved through incremental adjustments. Instead, it demands a fundamental redesign of how services understand impact, measure progress and organise practice around what genuinely improves safety, wellbeing and relational capability.

Without a shared outcomes framework, system performance cannot be meaningfully monitored, and there is a risk that families with the greatest needs may experience interruptions to support or reduced access to appropriate services. Establishing outcomes that reflect real client progress and that can be pragmatically monitored by service providers, contract managers and researchers alike is essential to organising the system around impact rather than activity.

Contract measures should therefore prioritise activities known to improve service quality: effective engagement with vulnerable clients, use of standardised and validated screening tools, consistent and well-defined responses to safety and wellbeing risks, client self-reported improvement on validated measures, and purposeful referral pathways and collaboration with partner services.

Significant work is required to develop a validated outcomes framework for the family and children's support system. This work must begin with a shared, holistic understanding of the circumstances, presenting issues and relational patterns that shape the experiences of children, parents and families. Only then can outcomes be designed that capture what matters for safety, wellbeing, relational capability and long-term recovery.

Government should then take responsibility for regularly reviewing and reporting on population outcomes related to families and children, derived from analysis of state and commonwealth datasets that indicate population level relational health and wellbeing.

Insights from Family DOORS Screening

To create a foundation for understanding service outcomes, RASA has implemented the evidence-based Family DOORS screening tool at intake for more than a decade (Lee, Ralfs, Booth, & McIntosh, 2021). In 2024–25, we found that:

- **2 in 3** parents/carers sought help managing as a parent
- **1 in 4** sought help feeling safer in relationships
- **1 in 4** were afraid for their safety due to a current or former partner
- **1 in 4** needed help regarding their own unsafe behaviour
- **1 in 4** lived below the poverty line
- **1 in 4** had children who were the subject of a child protection notification
- **1 in 6** had used alcohol or drugs more than intended in the past year
- **1 in 10** had a suicide prevention plan at their first appointment

Our standardised annual survey of more than 1,000 clients shows that those who receive at least two sessions report significant improvements across wellbeing indicators - feeling mentally healthier, better able to manage communication and conflict, experiencing improved family functioning, feeling safer, noticing their children coping better, and being more confident in their parenting.

These data provide give a strong indication that services tailored to the constellation of presenting concerns offer genuine improvement in wellbeing and family functioning.

A Public Health Approach to Screening and Triage

Family DOORS is a structured framework for identifying risk and wellbeing concerns across the whole family system. It reliably detects the constellation of issues that commonly co-occur in families – family violence, child safety risks, mental health concerns, parenting stress, conflict patterns, and environmental pressures such as housing or financial strain. Unlike single-issue tools, Family DOORS provides a holistic, developmentally informed picture of each child’s experience and the relational dynamics that shape family wellbeing. It is used effectively with all family structures, cultural groups, across all ages and where disability is a concern.

The Family DOORS structured, consistent approach enables early identification of risk, detection of hidden or compounding concerns, and tailored responses proportionate to each family’s needs. This aligns with a public health model by supporting early identification, evidence-based early intervention, and strong safety and recovery responses when intensive support is required.

The awareness of co-occurring concerns and risks also means individual practitioners and services generate and reach out to other services building partnerships and joined up service delivery strategies.

National Evidence: The Lighthouse Project

The Family Court of Australia's Lighthouse Project (Federal Circuit and Family Court of Australia, 2021) further demonstrates the utility of DOORS as a national screening and triage tool. Using an adapted version of DOOR 1 -Family DOORS Triage - the Court identifies family safety risks early and streams matters into appropriate pathways. Evaluations show improved visibility of risk, strengthened child-centred decision-making and earlier access to specialised responses. This provides a strong national example of how DOORS can underpin a consistent, proportionate triage model aligned with DSS's prevention-to-intensive continuum.

Shared Governance for Safety Across All Human Services

A reformed system requires clear, shared governance across government and non-government agencies to ensure that family, domestic and sexual violence and child protection are recognised as core responsibilities of all human services - not issues confined to specialist sectors. Fragmented accountability and siloed information flows too often result in risks being missed. A coherent governance framework must establish whole-of-government and non-government responsibility, aligned standards, shared data, and decision-making structures that promote integrated practice. Embedding these responsibilities across education, health, housing, justice, disability and community services is essential to ensuring coordinated, timely and effective support for the entrenched issues of FDSV and child protection.

Funding the Collaboration That Holds the System Together

Social Ventures Australia (Social Ventures Australia, 2025) has highlighted that such integration is only possible when collaboration is properly resourced. The "system glue" that enables joined-up responses - shared planning, warm referrals, cross-agency case discussions, joint decision-making and data-sharing - is rarely costed in contracts. When collaboration is unfunded, providers must absorb the cost, limiting their ability to participate in the partnerships and collaboration essential for holistic service responses. This creates structural tension: organisations are asked to integrate services while simultaneously competing for resources.

A redesigned DSS architecture must explicitly fund the collaborative work essential to system integration, ensuring providers have the mandate, capability and time to deliver coherent, joined-up support rather than fragmented, siloed activity.

Conclusion

RASA welcomes the Government's commitment to a reformed system that is rebalanced, prevention-aligned service system that supports families earlier, responds proportionately to risk and strengthens long-term wellbeing. This reform is an inflection point: an opportunity to modernise commissioning, embed validated outcomes, align safety governance and ensure mainstream and specialist services work as a coherent

system rather than a collection of disconnected programs. We believe marshalling these approaches provides the best possible opportunity to reduce the costly and pervasive experiences of family violence, prevent the cycle of children coming into care and divert the threat of radicalisation and community violence through relational supports.

Success will require disciplined sequencing, strong partnership between government and providers, sustained investment in collaboration, and a shared commitment to outcomes that reflect real improvements in family safety and wellbeing. It also calls for confronting the structural conditions that have long fragmented the system - an incoherent service architecture, competitive tendering, siloed funding streams, inevitable organisational patch protection, and inconsistent approaches to measuring impact. Funding is one lever and contractual KPIs are another, but lasting change depends on a fundamental redesign of the commissioning architecture itself: a system oriented towards prevention, anchored in genuine outcome measures, and organised around the real circumstances and trajectories of children and families.

If implemented with care and genuine collaboration, these reforms offer the potential to reduce harm, strengthen relational capability and disrupt intergenerational cycles of disadvantage. RASA hopes that the proposed DSS reform will shape a national family and children's system that is not only more efficient, but fundamentally more humane, inclusive and effective for the families and children who need it.

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