



SUBMISSION PAPER

Title:	Response to Discussion Paper: A New Approach to Programs for Families and Children
To:	Department of Social Services
From:	Ruah Community Services

1 Introduction

Ruah Community Services (Ruah) welcomes the opportunity to provide feedback to the Department of Social Services' (DSS) proposal for a new approach to Programs for Families and Children. As a leading Western Australian community services provider with over 60 years of experience across housing and homelessness, family and domestic violence, and mental health and wellness, this proposal is critical to our core mission of supporting families with complex intersecting needs.

Ruah strongly supports the DSS proposal to consolidate program streams, the proposed program outcomes, and the priority areas for investment. Ruah's services are strongly aligned to Stream 2: Early Prevention and Early Intervention and we are particularly encouraged by the intent to create greater flexibility for service providers, streamline reporting arrangements, and move toward longer-term funding agreements. This shift away from siloed funding toward a holistic model aligns perfectly with the reality of service delivery on the ground and is a much-needed reform.

While we fully endorse the proposed changes, we must respectfully note that these programs alone—no matter how well-structured—cannot fully achieve the intended outcomes in isolation. We recognize that broader determinants of health, such as poverty alleviation and housing supply, may be outside the direct scope of this specific proposal. However, we feel it is critical to note that without addressing these systemic drivers, the efficacy of family and children's programs will always be constrained. We advocate for a whole-of-government approach where these program reforms are matched by investment in the structural foundations of family wellbeing, noting that the long-term benefits achieved through prevention and trauma-informed recovery far outweigh the cost of crisis intervention. These benefits are realized across multiple sectors, including avoided emergency department (ED) presentations and hospital admissions, reduced crisis cycling, and decreased reliance on the education and justice systems.

To effectively bridge the gap between systemic drivers and individual experience, program funding must prioritise flexible models characterized by lower caseloads and higher-touch engagement. This approach empowers providers to support the individual within the complex context of their family, addressing the numerous determinants contributing to their vulnerability. Ruah's partnership with Anglicare on the Sunshine Project exemplifies this model's success: flexibility allows us to first remove immediate access barriers (e.g., transport, safety concerns), which fundamentally builds trust and enables families to progress toward addressing deeper, complex challenges. This demonstrates that adaptable program delivery is essential to achieving sustainable family wellbeing outcomes.

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To ensure these positive reforms achieve their full potential, we submit the following considerations regarding the execution and detailed implementation of the proposal.

2 Feedback on Proposal

2.1 Vision and Outcomes

Ruah generally supports the high-level direction and intent of the proposed vision and outcomes. We offer the following feedback and ask the Department to consider the practical implementation and measurement challenges inherent in these goals.

The Nuance of Safety

We strongly encourage the Department to explicitly recognise that "safety" is interpreted differently by children compared to adults. Evidence demonstrates that young people often prioritise factors for trust and safety that differ from adult perceptions. Failure to incorporate this nuance risks designing programs that are perceived as safe by adults but are inaccessible or ineffective for the children they seek to protect. We also strongly urge the Department to clarify the definition of "families" within the context of the program, acknowledging that many children and young people may not have traditional family structures and rely on the support on other carers and support network. We recommend that the voices of children and young people are incorporated into program design, delivery and assessment.

Defining and Measuring Resilience

While we understand the intent of promoting resilience, we must acknowledge that it is subjective, culturally dependent, and lacks a standardized means of measurement. Our feedback is that resilience is often built through life experience and circumstance, and parenting alone does not develop it. This outcome wording should reflect that parents primarily provide the nurturing and stable environment necessary for resilience to develop, rather than being solely responsible for manufacturing it. We recommend that measurement frameworks must accept that service providers demonstrate contribution to the environment of building resilience, rather than being held to a singular achievement of this complex outcome. We also recommend that the Department leverages the 'Measuring What Matters' framework which assesses five wellbeing themes as a means to measure outcomes of the program.

2.2 Program Structure

Ruah is highly supportive of the commitment to longer funding agreements of up to five years, acknowledging that achieving sustained outcomes takes time. We also agree that a single national program will provide the necessary flexibility for services to be responsive to local need.

Critical Gap: Healing and Recovery and Intersection of FDV, Mental Health and Legal Support

We agree that the three streams of national programs (Information Services, Prevention and Early Intervention, and Intensive Family Supports) are vital. However, based on our experience, we believe there is a critical gap regarding Trauma-Informed Healing and Recovery programs, which many of Ruah's services have a specific focus on, particularly for survivors of domestic violence. True family wellbeing relies on healing the impacts of trauma. We strongly recommend that Trauma-Informed Healing and Recovery is explicitly designated as a separate and funded stream of focus.

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Operational Barrier: Consent for Children and Young People

We want to raise for consideration that providing therapeutic services to children and young people (i.e., treating them as clients in their own right separate from their parents) is often challenging due to limitations in obtaining adequate consent. This creates a significant operational barrier to direct support for at-risk youth. Until services can navigate or circumvent parental consent in a safe, legal way, we cannot truly support these young people independently. We recommend that program guidelines must provide clarity and legal support for treating young people as independent clients where parental consent is a barrier to accessing safety and support.

2.3 Priority Areas of Investment

Ruah supports the focus on family wellbeing and the heart of the new program to build strong social connections and emotional wellbeing. We also support the key areas of interests identified but would like to offer some other key cohorts that should be prioritised.

Impact of Trauma on Early Development (0-5 years)

We are supportive of the Department's focus on children and young people and strongly encourage a specific, prioritised investment in early development for children aged 0–5 years, which directly aligns with the Department's prevention strategy. We consistently observe that the developmental impact of trauma on this age group manifests severely in challenges such as disrupted sleep, attachment difficulties, and poor emotional regulation. Addressing these foundational developmental issues in the early years is critical to preventing long-term negative impacts extending into later childhood and adult life. Recommendation: Investment must explicitly prioritise services and interventions designed to mitigate the developmental impacts of trauma for children aged 0-5.

The Unmet Need of Neurodiversity and Disability

A major, unmet need across family services is support for developmental, disability, and neurodiversity challenges in children and young people. This complexity requires specialised links and integrated support that is currently lacking. We recommend that there is specific focus on integrated programs and referral pathways for children and young people with developmental, disability, or neurodiversity needs as a priority area.

Focusing on Children and Young people the Justice/Remand System

Apart from the key cohorts of interest identified, we believe that young people involved in the Justice system should be prioritised. We face a cycle where young people do not exit remand or custody ready to integrate and contribute to society in a healthy way. This is particularly urgent given the high rate of children in the justice system currently on remand (widely cited at over 80%). Further, we note that integrated services can be a critical intervention point to prevent escalation to the Child Protection Interface. We recommend that investment should explicitly target supporting families and young people navigating the justice system to break the cycle of recidivism, offering a clear pathway to reintegration.

Genuine Support for ACCOs (Governance, Backend, and Shared Responsibility)

We agree with prioritising investment in Aboriginal Community Controlled Organisations (ACCOs). However, to move beyond a "check box" exercise, there needs to be genuine support that extends past front-line service delivery. To genuinely support ACCOs to succeed and ensure their sustainability, there must be substantial and explicit funding for governance, backend development, operational infrastructure, and capacity building.

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Improvements in outcomes for Aboriginal and Torres Strait Islander people cannot be solely the responsibility of ACCOs. Other partnerships and systemic changes—backed by the Department—need to occur to support ACCOs in delivering sustainable change and improved outcomes.

Culturally Appropriate Services for Minority Groups

A gap in the proposal is a focus on culturally appropriate services beyond Aboriginal and Torres Strait Islander people. There are other cultural groups including those from CALD backgrounds, minority groups, and those with religious affiliations that require services adapted to their specific needs. We also note that investment must be explicitly prioritised for LGBTQIA+ young people and young people with disability, who are significantly over-represented in adult mental health challenges and report lower overall life satisfaction. While we understand that not every group can be prioritised, we believe it is important to have a lens over cultural safety and competency across all services to ensure equitable access and effective delivery for all diverse communities, explicitly targeting CALD, LGBTQIA+, and young people with disability.

2.4 Connected Services – Integration vs Co-Location

Ruah's service models are fundamentally built on an integrated, 'no wrong door' philosophy, ensuring clients with complex needs are supported holistically without having to navigate siloed systems or repeat their traumatic stories. This approach provides a warm handoff and continuity of care across Ruah's internal service streams (Family Services, Mental Health, Housing and Homelessness). As demonstrated by our Karlup Service, effective integration requires cross-sector supports addressing health, social, and legal issues. Integrated housing advocacy, for instance, is not merely a referral but a core driver enabling long-term safety, healing, and empowerment. Furthermore, we recognize the critical importance of strong external links with key community supports, particularly facilitating consistent school attendance and addressing the significant unmet need for disability, developmental, and neurodiversity support for children and young people. This functional integration model is key to stabilising families and reducing systemic barriers.

While we believe in the value of having co-located services, we urge the Department to distinguish between co-location and integration. The true value of co-located services is only realised when these services are truly integrated. As an example, having 10 services in one location does not automatically result in better outcomes if they operate in silos. True integration requires:

- A single entry point where information is shared (with consent) across services so clients do not have to retell their traumatic story repeatedly.
- Integrated workflows and common operating procedures between partners.

We recommend that the Department give more weight is given to integration rather than physical co-location, and that applications should be assessed on their ability to demonstrate functional integration of services.

Intersection of FDV, Mental Health and Legal Support

Research consistently demonstrates the strong prevalence and significant mental health impacts of Family and Domestic Violence (FDV) on children. Key findings from ANROWS and other studies show that children exposed to FDV are almost five times more likely to use a mental health service by age 18, with significant impacts on psychiatric diagnoses, emotional/behavioural difficulties, and impaired language by age 10. The delay in

service—identification often around age 6, but mental health service use peaking around 12—indicates the risk of failing to respond to early exposure.

We encourage the Department to explicitly recognise integrated legal support as a core component of family wellbeing. In our experience across Family Services and Karlup, unresolved legal issues (e.g., FVRO pathways, tenancy advocacy, family law advice, and immigration support) drive a significant proportion of family stress, safety risk, and child protection escalation. Integrated legal services are essential to stabilising families, increasing safety, and reducing the need for crisis intervention.

2.5 Service Design - Responding to Community Need

Ruah strongly supports the Department's intent to ensure services are informed by, and reflective of, community need. We affirm that demonstrating local knowledge is paramount to effective service delivery and that the Government wanting to be flexible in its funding rules (as guided by the DSS Community Sector Grants Engagement Framework) is a positive step.

However, we encourage the Department to recognize that "community" extends beyond broad geographic and demographic definitions to include the nuanced social and cultural context of the individual. This requires services to understand that a client's community is defined by their intersecting needs, lived experience, and safety concerns, even within the same local government area. Providers must be assessed on their ability to adapt service delivery to individualized accessibility barriers.

We adopt the definition of vulnerability as someone who experiences barriers to accessing or engaging in essential services, resulting in economic and/or social exclusion or harm. Barriers include event-based circumstances, systemic factors (income, poverty, poor education), and market-based factors. Providers must be assessed on their ability to identify and respond to these barriers and adapt service delivery to individualized accessibility barriers, learning from frameworks such as the peer mental health framework.

We would also like to note that for WA, the program structure must reflect the reality of vast population spread. For many of our remote client this includes significant travel burden, access issues, and service gaps inherent in remoteness. We recommend that programs should include emergency relief and flexible brokerage as a core, enabling component of the funding to support clients in remote or crisis situations.

2.6 Operational Design, Environment and Workforce Considerations

Ruah notes that the Department has not explicitly seek feedback on the following areas. However, we submit our thoughts on these points as they represent key operational elements critical for supporting healing and promoting positive outcomes for families, children, and young people.

Built Form as Part of Healing

Drawing from our insights at Karlup Service, the physical environment noticeably affects engagement, safety, and regulation for women and children experiencing trauma. Healing environments that prioritise safety and calm are crucial. This includes providing practical on-site safety measures, such as a crèche, which crushes access barriers for Mums to get support. We encourage the Department to explicitly recognise that the

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physical built form of service locations and the provision of on-site safety features (like crèches) are core components of trauma-informed service delivery.

Digital and Hybrid Delivery

We recognise the importance of safe digital options for families experiencing Family and Domestic Violence (FDV) and those in remote areas to address access barriers. This is a crucial element for future-focused support, particularly for children accessing psychosocial and disability services.

Workforce Capability and Safety

The quality and safety of service delivery, particularly in complex trauma contexts, depends heavily on workforce capability and support. The workforce is the missing piece in ensuring services are delivered safely and effectively. We recommend that funding is allocated to resource workforce capability in core foundational skills, including trauma-informed practice, reflective supervision, and understanding developmental milestones.

Volunteer Governance and Safeguards

While volunteers can be a valuable resource, particularly in a non-credentialed workforce, their involvement in complex DFV/trauma contexts requires strong safeguards. Any system that incorporates volunteer support should include clear governance, training, and boundaries to maintain quality and safety.

2.7 Measuring Outcomes & Data

Importance of Shared and Accessible System Data

Data is paramount to understanding performance and impact and helps us to inform service delivery and improvements. We would significantly benefit from shared data and insights across the sector, with this data being readily accessible to service providers. Apart from sharing DEX data, we believe it is also important for us to have reciprocal access to data across other sectors such as housing, health, education, and justice so we can begin to understand the long-term and wider impact of our services. This would allow services to create clear protocols and systems for reciprocal data sharing across government and service providers to enable effective benchmarking and coordinated, hyper-local service planning.

Outcome measurement

We agree with the longer-term funding arrangements proposed. However, even at 5 years, it may not be long enough for us to truly understand the sustained impact on the intended outcomes of raising healthy and resilient children. While service providers may be able to demonstrate contribution towards the outcomes, it is difficult to show achievement against the outcome in a typical 5-year funding period. We also strongly encourage that the use of qualitative evidence is given as much weight as quantitative forms of measurement. The use of frameworks like the Treasury's "Measuring What Matters" Statement should guide the qualitative aspect of evaluation. We recommend that contractual arrangements must allow for reporting on process outcomes and intermediate markers of change alongside the long-term outcomes, utilising both qualitative and quantitative measures.

The Child's Perspective in Measurement

Current measurement often relies on parents' perspectives. We must find ways to meaningfully measure the impact of a program on the child from the child or young person's perspective. We recommend that co-

designed evaluation tools are developed to capture the experience and safety perception of the child or young person.

2.8 Working Together

We strongly support the intent of this proposal which promotes flexibility and the move toward relational contracting and shared accountability. We would further recommend that the programs are able to evolve and be flexible based on learnings throughout the life of the agreement, which may mean that reporting would need to be flexible or change over the lifetime of a grant.

3 Conclusion

Ruah Community Services advocates that this new approach represents a significant and positive step forward for the sector. We strongly support the shift toward flexibility and consolidated funding streams. However, to truly realise the ambition of this proposal, we encourage the Department to look beyond front-end delivery and address the critical operational and systemic factors that underpin success.

This includes funding the necessary backend governance infrastructure, trusting young people's definitions of safety, and integrating services functionally, rather than just physically. These reforms, when matched with a strategy that addresses the structural determinants of health, will create the conditions necessary for all families to thrive.

Key Recommendations for Consideration:

- Mandate the Child's Voice in the definition and measurement of safety and wellbeing and require an explicit focus on the developmental impact of trauma in the early years (0–5).
- Create a dedicated Trauma-Informed Healing and Recovery stream within the consolidated program structure.
- Address the Operational Barrier of Therapeutic Consent to ensure young people can access therapeutic services independently where parental consent is a barrier to safety.
- Fund core workforce capability (trauma-informed practice, reflective supervision) and backend governance for all providers, particularly ACCOs, to ensure organizational sustainability.
- Prioritise Investment into services targeting early childhood development, young people and their families navigating the Justice/Remand system, and disability and neurodiversity support.
- Ensure genuine support and collaboration with Aboriginal and Torres Strait Islander people.
- Ensure cultural safety and competency extends beyond First Nations services to include other diverse cultural groups (e.g., CALD, minority groups).
- Require true workflow integration (including social, health, and legal support) between co-located services, assessing this over physical proximity in grant applications.

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- Recognise Built Form (e.g., healing environments and on-site crèches) as a core component of trauma-informed design.
- Ensure guidelines explicitly support and encourage the development of safe digital and hybrid delivery options to expand reach and overcome geographic barriers.
- Mandate Reciprocal Data Sharing Protocols for providers across DEX, Housing, and Health data sets.
- Inclusion of emergency relief and flexible brokerage to address the WA context and service gaps.

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