Are you an individual or making a submission on behalf of an organisation?

Organisation

Organisation name

Smiling Mind

Is your organisation….?

- A provider currently funded under one or more of the 5 programs in scope for this consultation

What type of service or support do you mostly provide?

- A national program and/or information service

What state or territory does your organisation deliver services and supports in?

- New South Wales
- Victoria
- Queensland
- Western Australia
- South Australia
- Tasmania
- Northern Territory
- Australian Capital Territory
- Western Australia

Where does your organisation deliver most of their services and supports?

Prefer not to say

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

The proposed vision aligns well with what research and families identify as essential for supporting healthy child development. Evidence shows that children thrive when systems focus on building wellbeing early, reducing preventable harm, and strengthening the environments that surround them (1). The emphasis on children and families being healthy and resilient is consistent with research

highlighting that wellbeing skills established early in life strongly influence long-term mental and physical health outcomes.

However, the vision could more clearly acknowledge the importance of universal prevention. Children's wellbeing begins to decline from around age eight (2), which is well before most formal services are activated. Many children experience mild or subthreshold symptoms of anxiety, stress, or emotional difficulty that do not meet diagnostic criteria but still affect daily functioning and learning (3). These early indicators represent opportunities for proactive support if the system includes accessible, everyday pathways for prevention.

Families also consistently report wanting support that is practical, easy to access, non-stigmatising, and available before challenges escalate (4). Embedding prevention more explicitly into the vision would better reflect what children, parents, and caregivers identify as meaningful and achievable in their daily lives.

In summary, the vision is strong but would be improved by a clearer articulation of prevention as a universal foundation.

2. Are the two main outcomes what we should be working towards for children and families? Why/Why not? - Outcome 1: Parents and caregivers are empowered to raise healthy, resilient children - Outcome 2: Children are supported to grow into healthy, resilient adults.

Outcome 1: Parents and caregivers are empowered to raise healthy, resilient children.

This outcome is strongly supported by the evidence. Parent mental health and stress are among the strongest predictors of a child's emotional wellbeing (5). In the State of Mind study, 80 percent of parents reported experiencing mental health challenges, and parents who reported mental ill health were significantly more likely to report similar symptoms in their children (6). Strengthening parental capability is therefore essential.

Many parents also report uncertainty and a lack of confidence in supporting their child's mental health. Twenty-two percent feel the factors affecting their child's mental health are beyond their control, 36 percent report a lack of knowledge or access to information, and 55 percent report stigma in seeking help (7). These findings highlight the importance of supports that help parents feel equipped, informed, and confident.

In short, Outcome 1 is appropriate and supported by strong evidence, but it should be accompanied by clarity around how the system will help parents develop the necessary skills and confidence.

Outcome 2: Children are supported to grow into healthy, resilient adults.

This outcome is also aligned with research. Half of all lifetime mental health conditions emerge before age 14 (8). Recent national data shows increasing

symptoms of anxiety and emotional distress among children (9). The State of Mind study found that 42 percent of children report symptoms of anxiety and 27 percent report symptoms of stress (2), indicating a significant need for early, preventive supports.

Resilience is not innate. It is a set of skills that can be developed through social and emotional learning, mental fitness practices, and supportive environments. These skills predict better emotional regulation, stronger social connection, improved learning engagement, and long-term wellbeing (10). Smiling Mind has been working to support schools for over a decade, supporting almost 1,800 primary schools, and Independent evaluation of the Smiling Mind Primary School Program has found that 67 percent of students reported wellbeing benefits, with teachers observing improvements in emotional resilience (11) when schools are supported with a structured and evidence based approach.

These outcomes therefore represent appropriate system goals. The evidence suggests they would be strengthened by embedding them within a clear prevention-to-intervention continuum that includes universal supports, early identification, and timely intervention (12).

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

A single national program has the potential to create greater coherence and reduce fragmentation across the current funding landscape. It may support clearer navigation for families, greater continuity of support, and a stronger national commitment to prevention and early intervention. However, flexibility depends on how the program is implemented. A unified program will only increase flexibility if it maintains room for local responsiveness, cultural adaptation, and community-defined priorities. Evidence shows that family needs differ significantly across geographic, cultural, and socioeconomic contexts (13). A national model that is overly prescriptive may inadvertently limit the capacity of organisations to respond to local circumstances.

A well-designed national program should therefore provide clear outcomes and guardrails, while still allowing flexibility in methods of delivery, partnerships, and implementation.

4. Does the service or activity you deliver fit within one of the three funding streams? Do these streams reflect what children and families in your community need now – and what they might need in the future?

Prevention-oriented wellbeing supports for children and families such as those delivered nationally by Smiling Mind fit most clearly within Stream 1 (national programs and information services) and Stream 2 (prevention and early

intervention).
Research shows that universal, low-intensity preventive supports can reduce the risk of escalation, delay the onset of mental health concerns, and reduce pressure on specialist services (14). Stream 1 is an appropriate home for evidence-informed, scalable supports that can reach families nationally. Stream 2 aligns with supports that strengthen coping skills, resilience, and early help-seeking. Stream 3 is more appropriately aligned with specialist, therapeutic, or crisis-oriented interventions delivered by family service providers, allied health professionals, and Aboriginal Community Controlled Organisations.

Do these streams reflect what children and families need now and into the future?
Yes. The proposed streams reflect the evidence on what families require across the continuum of need: universal support, early intervention, and more intensive services when risk escalates (15). Families consistently express the need for help that is proactive, accessible, and embedded in daily life.
The State of Mind dataset highlights that families are facing:
high levels of parental stress, anxiety, and depression
increasing symptoms of emotional distress in children
major access barriers including cost, time pressure, and long waitlists
elevated vulnerability among single-parent households, regional families, LGBTIQA+ caregivers, and families under financial strain (2)
These findings indicate a strong and growing need for Streams 1 and 2, which are capable of reaching large populations early, consistently, and with low barriers.
The community is calling for change - Parents and Educators are desperate
Throughout 2025 we have asked our community to share their experiences in navigating the mental health and wellbeing of their children and families. More than 1,000 people have shared their stories with us - parents, grandparents, teachers, extended family - thousands of people who have struggled to support the children in their lives and who wanted to share their experience in the hope that it would change the system.
We have seen a groundswell of concern from parents and carers who are deeply alarmed by the deteriorating mental health and wellbeing of their children. These are not abstract figures, they are stories of real children facing fear, anxiety, bullying, and suicidal ideation as families struggle to find help. The system, they say, is not simply overwhelmed, it is absent. This is a generation growing up in pain, while parents are left helpless, navigating unaffordable, inaccessible or non-existent support. If we truly want to create a system that supports Australian children to thrive, we need to listen to these stories, and respond with urgency.

Content warning: the following case studies contain information that shares

experiences of mental health challenges and suicide.

“My own two children have struggled with mental health challenges that accompany neurodevelopmental issues. We have fought this battle on our own, pushed and advocated for our children for diagnoses, researched the issues ourselves, navigated the confusing and outdated medical system to find therapists, and funded it all ourselves, and at great cost to our quality of living. Both of our children have expressed suicidal thoughts. They are 8 and 10 years old. Read that again. 8 and 10. We have spent their entire lives seeking help and answers and trying to support them, and we need help. You wouldn't ask every farmer and landowner to battle bushfire on their own, so why are you expecting families to battle for their children's lives on their own?”

“My youngest son told me he wanted to take his life when he was 5;he tried unsuccessfully at 13;he had recurrent thoughts at 17 and 18;he survived until May 2023, two days before his 23rd birthday. I loved and supported him every moment of every day. I garnered and accessed as much mental health help as I possibly could for him, often waiting months for expensive appointments. Mental health issues can and do start as early as my son’s. Please help our children no matter what their age.”

“My kids need mental help and I can’t give it to them. I lie awake every night wondering what damage I’ll regret not being able to fix.”

“Having moved to a rural location, I have seen the severe lack of good mental health care here for kids (and adults too). There is a high rate of suicide and a shocking rate of self harm, bullying, and family violence. Our kids need help. So many turn to drugs and alcohol and violence. It’s appalling and heartbreaking. Please help us get decent mental health care instead of the substandard and terrible ‘system’ we currently have.”

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

1. Stronger emphasis on universal prevention
Preventive supports in the primary school years are one of the most effective and underutilised levers for reducing long-term mental health burden (16). Strengthening Stream 2 and embedding prevention expectations across the program would help address rising need earlier.
2. Reduced administrative burden and aligned outcome measures
Organisations report that fragmented reporting frameworks consume significant

time and limit the focus on service quality. A simplified, aligned reporting framework grounded in meaningful outcomes would support better learning and implementation.

3. Strong support for hybrid and digital delivery

Families face significant barriers including time, cost of living pressures, and limited local services. Evidence shows digital or hybrid supports can reduce these barriers and increase engagement, particularly for regional families and single parents (2).

4. Longer funding cycles with relational contracting

Workforce stability, community partnerships, and ongoing evaluation rely on predictable funding. Longer contracts and relational contracting approaches improve service quality and community trust (17).

5. Stronger school–home alignment

Children experience more consistent outcomes when wellbeing skills are reinforced across both school and home environments (10). Program settings that support integrated school–home models would increase overall impact.

6. Clear expectations for culturally safe practice and ACCO leadership

Embedding cultural safety in program guidelines and prioritising ACCO leadership strengthens equity and trust, particularly for Aboriginal and Torres Strait Islander families (21).

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

Yes. The four priorities identified by the Department align closely with the evidence on what improves outcomes for children and families. These priorities reflect a shift towards earlier, proactive support; stronger coordination; and a focus on equity and wellbeing. This direction is strongly supported by research on child development, family wellbeing, and mental health system performance.

Priority 1. Invest early to improve family wellbeing and break cycles of disadvantage

This priority is strongly aligned with the evidence. Early childhood and the primary school years are critical developmental periods when foundational social, emotional, cognitive, and behavioural patterns are established (18). Half of all lifetime mental health conditions emerge before age 14 (8). Children's wellbeing begins to decline from around age eight (2), which means preventive supports must be available early, consistently, and at low cost.

The State of Mind study shows that 42 percent of primary-aged children experience symptoms of anxiety and 27 percent experience symptoms of stress (2). During the primary school years, children face increasing academic demands, more complex peer relationships, and heightened environmental stressors, yet they are often

below the threshold for clinical services.

Parent wellbeing is also a significant driver. In the State of Mind study, 70 percent of parents reported experiencing stress, 61 percent anxiety, and 39 percent symptoms of depression (2). Children of parents experiencing mental ill health were substantially more likely to display emotional or behavioural difficulties (6). Investing in family wellbeing early therefore improves outcomes for both children and caregivers and reduces escalation risk.

Preventive supports delivered during the primary school years are especially important because they strengthen protective skills, reduce vulnerability, and decrease demand on the clinical system over time.

Priority 2. Prioritise connected, coordinated services

Families frequently report that the support system is difficult to navigate, with fragmented pathways and inconsistent eligibility criteria. Evidence shows that outcomes improve when services across education, family support, and health use consistent frameworks and coordinate support around the needs of families (19). Coordination does not depend solely on co-location. Shared practice frameworks, warm referrals, and digital integration can all support strong coordination.

Priority 3. Ensure services respond to community need

Communities differ significantly. Factors such as family structure, cultural background, financial stress, local service availability, and digital access all influence need. Research shows that single-parent households, regional families, LGBTIQA+ caregivers, and families from culturally and linguistically diverse communities experience disproportionately higher rates of mental health challenges and barriers to support (20). A community-responsive program is essential for equity.

Priority 4. Improve outcomes for Aboriginal and Torres Strait Islander children and families

The evidence strongly supports Aboriginal Community Controlled Organisations leading culturally grounded and community-driven delivery (21). Priority 4 aligns with best practice and should remain a central feature of the new program.

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

1. Stronger recognition of prevention and mental fitness as a standalone priority

Prevention remains significantly underfunded compared to early intervention and crisis services. Research confirms that preventive supports improve emotional regulation, build coping skills, improve learning readiness, and reduce later service demand (22). Elevating prevention would strengthen the alignment between the program and the evidence.

2. Supporting parent mental health as a core determinant of child outcomes
Parent wellbeing is one of the strongest predictors of child mental health (5). With high rates of parental distress nationally (2), parent mental health should be framed as a priority in its own right.
3. Digital inclusion as a way to reduce access barriers
Many families face barriers such as cost of living pressures, long waitlists, or limited access to local services. Evidence shows digital supports can reduce these barriers and increase engagement (2). Digital inclusion should be explicitly considered in funding and design.
4. Supporting schools as a key site for universal and early support
Schools play a central role in children's social and emotional development. Evidence shows that school-based wellbeing and SEL programs improve emotional regulation, behaviour, and learning engagement (10). Many families prefer wellbeing supports embedded within school environments due to reduced stigma and ease of access.
5. Addressing high-risk life transitions
Transitions such as school entry, the shift from early childhood to primary school, and the transition to adolescence are periods where families and children benefit from additional support (23). Designing the program to resource these key transitions would improve outcomes and reduce escalation.

8. Do the proposed focus areas – like supporting families at risk of child protection involvement and young parents match the needs or priorities of your service?

Yes. The proposed focus areas are consistent with the evidence on which families experience the highest levels of vulnerability, stress, and barriers to support. Families involved with child protection, young parents, single-parent households, and families experiencing socioeconomic disadvantage often face multiple, intersecting pressures that affect both parent and child wellbeing (24). These pressures include financial strain, limited time, social isolation, insecure housing, and difficulty navigating the service system.
The State of Mind study reinforces this context. Parents experiencing high levels of stress, anxiety, or depression were significantly more likely to report emotional or behavioural concerns in their children (6). Families in single-parent households were particularly likely to report difficulties managing routines and accessing support. Preventive supports during the primary school years are especially important, as this is when patterns of emotional regulation, coping, and behaviour begin to consolidate (18).
While these focus areas are well targeted, the evidence also suggests that targeted supports alone will not reach the full population of families experiencing early

signs of strain. Universal, preventive supports reduce stigma, increase reach, and engage families before challenges escalate.

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

1. Single parents and blended families
Single parents report higher levels of emotional strain, financial pressure, and difficulty accessing services due to childcare and work constraints (2). Flexible, accessible supports are essential for this group.
2. Families living in regional and remote areas
Regional families report more limited access to in person services and longer waitlists (25). Digital and school-based supports play a critical role in reaching these communities.
3. Families experiencing financial stress
Financial pressure is consistently associated with poor parent and child mental health (26). Even families not classified as disadvantaged geographically may experience significant vulnerability. Programs should consider financial stress as a criterion in its own right.
4. Culturally and linguistically diverse families
CALD families may face stigma, language barriers, and unfamiliarity with mental health systems (26). Culturally adapted resources and partnerships with multicultural organisations increase engagement and trust.
5. LGBTIQA+ parents and children
LGBTIQA+ caregivers and children experience higher rates of discrimination and mental health challenges (20). Affirming, inclusive supports that address stigma and belonging are essential.
6. Families with neurodivergent children
Families with neurodivergent children, including those with ADHD, autism, and developmental differences, face long waitlists for diagnosis or therapy and high levels of caregiver stress (27). Practical, everyday emotional regulation and coping supports can help mitigate family strain while waiting for specialist care.
7. Approaches that strengthen daily family routines
Evidence shows that simple, repeatable routines support emotional regulation, family connection, and coping (28). Programs that encourage small, sustainable daily practices can increase engagement and reduce burden.
8. Approaches that strengthen school–home alignment
Children experience better outcomes when emotional regulation skills and wellbeing practices are reinforced across both school and home environments

(10). Schools are often trusted, universal access points, and alignment with home practices increases skill retention and reduces stress for parents.

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

Although co-location can support collaboration, evidence shows that meaningful coordination depends more on shared frameworks, consistent communication, and relational practice than physical proximity. Several approaches have proven effective:

Shared language and common skill frameworks

When services use consistent wellbeing or child development frameworks, families receive clearer, less contradictory advice. Shared models across home, school, and community settings strengthen alignment and reduce fragmentation (10).

Warm referral pathways

Warm referrals, where a practitioner actively supports a family to make contact with another service, significantly increase follow-through and reduce barriers such as stigma, confusion, or fear (29). This approach is especially helpful for families under stress.

Integrated digital infrastructure

Digital tools can help families navigate services, access consistent resources, and reinforce strategies between appointments. Many families turn to online supports first because they are flexible, anonymous, and available outside business hours (2). Digital tools complement local services and reduce pressure on overstretched staff.

School-based integration as a universal platform

Schools provide universal reach and are a natural hub for identifying needs early, strengthening skills, and connecting families to supports. School-based wellbeing programs help reduce stigma and embed emotional regulation and coping strategies into daily routines (10).

Practitioner networks and relationship-based collaboration

Multidisciplinary networks, case discussions, and cross-sector meetings strengthen understanding and coordination between services. Research shows collaboration is sustained when practitioners have structured opportunities to build relationships, regardless of location (30).

Community-led partnerships

Partnerships grounded in community relationships, culture, and local priorities improve engagement and trust. Evidence shows that when community organisations lead or guide services, families feel more connected and supported (21).

Together, these approaches demonstrate that co-location is only one mechanism for integration. Relationship building, shared practice frameworks, and digital support systems are equally important.

11. What would you highlight in a grant application to demonstrate a service is connected to the community it serves? What should applicants be assessed on?

Evidence suggests that strong community connection is demonstrated through practices that meaningfully involve families, reflect local contexts, and adapt to feedback. A high-quality grant application would highlight:
Co-design with families, children, and community partners
Programs built with families produce higher engagement and better outcomes. Co-design approaches include lived-experience advisory groups, youth voice, parent workshops, and feedback loops (31).
Partnerships with trusted local organisations
Collaboration with schools, early learning services, neighbourhood centres, ACCOs, CALD organisations, or multicultural services shows strong community embeddedness.
Evidence of reaching families who face higher barriers
Data demonstrating engagement with single-parent households, regional families, CALD families, families experiencing financial stress, or LGBTIQA+ families strengthens the case for community alignment (20, 26).
Multiple access pathways
Programs offering both in-person and digital options are more accessible, particularly for families navigating time constraints or cost barriers (2).
Alignment with local priorities
Demonstrating how the service responds to local demographic insights, school feedback, or community-identified needs shows responsiveness rather than one-size-fits-all delivery.
Continuous improvement practices
Programs that collect feedback and adjust content or delivery to reflect community insights demonstrate real responsiveness (32).
Culturally responsive practice
This includes cultural safety training, partnership with local Aboriginal and CALD organisations, and culturally adapted resources (21, 26).

Based on the evidence, assessment criteria should prioritise:
Community engagement and co-design
Applicants should show meaningful involvement of families and local partners in shaping program delivery.
Cultural safety and inclusion

Providers must demonstrate capability to deliver culturally safe, inclusive services for Aboriginal and Torres Strait Islander families, CALD families, LGBTIQA+ families, and neurodivergent children (21, 26).

Ability to contribute to the continuum of support

Applicants should clarify their role within universal prevention, early intervention, or targeted support, and show how they collaborate with other services.

Outcomes and continuous learning

Providers should demonstrate systems for collecting meaningful data, evaluating effectiveness, and adapting delivery (32).

Strength of partnerships

Established partnerships with schools, community organisations, local services, or digital providers strengthen integration and reach.

Organisational stability and readiness for relational contracting

Long-term funding models depend on providers with strong governance, transparent practice, and capacity for partnership.

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

Locational disadvantage is important, but it does not fully explain the patterns of vulnerability experienced by families. The evidence shows that child and family wellbeing is shaped by multiple, interacting factors that are not captured by geography alone. To ensure equitable funding, the program should consider additional indicators that reflect actual lived experience.

Parent mental health and psychological distress

Parent mental health is one of the strongest predictors of child wellbeing (5). The State of Mind study found that 70 percent of parents experienced stress, 61 percent anxiety, and 39 percent symptoms of depression (2). Communities with high rates of parental psychological distress should be prioritised, even if they are not classified as geographically disadvantaged.

Family structure including single-parent households

Single parents face higher emotional load, financial pressure, and time constraints. They consistently report greater difficulty accessing services and higher levels of child emotional and behavioural challenges (2). Family structure should therefore be considered a key indicator of need.

Cultural and linguistic diversity

CALD families may face language barriers, stigma, and unfamiliarity with systems. These factors affect engagement regardless of postcode (26). Cultural safety indicators should be explicitly included in need assessments.

LGBTIQA+ parents and children

LGBTIQA+ families experience disproportionately higher rates of discrimination,

minority stress, and mental health risk (20). Vulnerability linked to stigma should be captured in funding decisions.

Neurodiversity

Families with neurodivergent children experience high stress and long waitlists for assessments and therapeutic support. They often require additional emotional, behavioural, and practical support, independent of geographic location (27).

Financial stress and the cost of living

Financial stress undermines parent mental health and increases child emotional distress (26). The State of Mind data shows that affordability is one of the biggest barriers to accessing support (2). Economic strain exists within affluent and disadvantaged areas, so postcode is a poor proxy without this additional lens.

Digital access and capability

Digital inclusion strongly affects access to preventive supports, information, and community connection. Families with limited data, devices, or internet coverage may require alternative support options.

School-level indicators

Schools frequently identify emerging challenges earlier than other systems. Indicators such as emotional dysregulation in classrooms, increased behavioural incidents, and attendance concerns can signal community-level need (10).

Together, these factors show that a multidimensional approach to identifying community need is essential for equity.

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

The evidence suggests that services which are genuinely embedded in and responsive to the communities they serve demonstrate several key characteristics. Grant applications should therefore highlight:

Co-design with families, children, and local partners

Programs that incorporate lived experience into design processes achieve higher engagement and better outcomes. This may include advisory groups, workshops, youth voice activities, and parent co-design sessions (31).

Use of local data and insight

Applications should incorporate data from schools, community organisations, local councils, or family surveys to clearly describe community challenges and strengths.

Partnerships with trusted, locally embedded organisations

Collaboration with schools, ACCOs, CALD organisations, neighbourhood houses, and early learning services demonstrates service embeddedness and alignment with community priorities.

Demonstrated reach to families who experience greater barriers to access

Organisations should present data showing strong engagement with single parents, regional families, CALD communities, families under financial stress, LGBTIQA+ families, or families with neurodivergent children (20, 26, 27).

Multiple access pathways

Families consistently report that flexible support improves access. Programs should demonstrate both in-person and digital access, and options that accommodate time pressures (2).

Evidence of continuous improvement and adaptation

Organisations should explain how family feedback, evaluation findings, and emerging local insights have shaped program adaptations over time. This demonstrates responsiveness rather than static delivery (32).

Culturally responsive practice

Programs should show cultural safety training, partnerships with Aboriginal and CALD organisations, and culturally adapted materials (21, 26).

Together, these elements demonstrate that a service is not only present in a community but is shaped by and accountable to it.

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

Smiling Mind acknowledges that Aboriginal Community Controlled Organisations, Elders, and Aboriginal and Torres Strait Islander families themselves are best placed to determine how programs should be designed to meet community needs. These organisations hold the cultural knowledge, lived experience, and community leadership required to shape effective supports for children and families.

Smiling Mind does not position itself as an expert in Aboriginal and Torres Strait Islander social and emotional wellbeing. For this reason, Smiling Mind believes these questions are most appropriately answered by Aboriginal Community Controlled Organisations and First Nations-led services who can provide authoritative guidance on program design, funding processes, and enablers of culturally grounded outcomes (38).

Smiling Mind has experience collaborating with First Nations partners to adapt programs, co-design content, and support culturally grounded wellbeing approaches. This includes working with Aboriginal educators, community organisations, and cultural advisors to ensure content is respectful and responsive to the families and communities it reaches. These experiences reinforce the importance of community-led decision making, cultural governance, and partnerships based on trust, reciprocity, and respect.

Smiling Mind remains committed to:

collaborating with Aboriginal and Torres Strait Islander organisations in ways that value their leadership and expertise

supporting First Nations-led approaches to child and family wellbeing
seeking cultural guidance to ensure practice continues to evolve
contributing to outcomes through partnership, not substitution
In this consultation, Smiling Mind defers to Aboriginal Community Controlled Organisations and First Nations-led organisations to provide detailed advice on how the grant process and program design can best support Aboriginal and Torres Strait Islander children and families.

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

As above

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

Evidence shows that outcome measurement is most useful when it balances rigour with low burden, integrates quantitative and qualitative insights, and reflects meaningful changes in children's and families' daily lives. For prevention and early intervention programs, several types of data are particularly important.
Child wellbeing and mental fitness indicators
Children's emotional regulation, anxiety, stress, coping strategies, and sense of connection can be measured through brief, developmentally appropriate tools. The State of Mind findings show a strong link between regular mental fitness practice and higher wellbeing in children, highlighting the value of tracking these indicators (2).
Parent and family wellbeing
Parent stress levels, confidence, and mental health have a significant influence on child outcomes (5). Understanding family wellbeing helps organisations tailor supports and identify barriers to participation.
Engagement and behavioural data
For digital or hybrid supports, engagement data such as session completion, repeat use, and time-of-day patterns provide insight into what families find most useful and where additional support may be needed.
Qualitative insights from teachers, parents, and children
Focus groups, interviews, and open-text survey responses help contextualise quantitative results. These insights often highlight barriers, enablers, and opportunities for program improvement (39).
Environmental and community-level signals
Schools and community organisations often observe emerging trends earlier than formal data systems. Teacher observations, school attendance patterns, and

classroom behaviour indicators provide valuable real-time signals about community need (10).
Together, these data types enable a more holistic understanding of how programs are working and how they can be improved over time.

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

The most valuable data to share with the Department includes outcomes that reflect genuine change in children's and families' wellbeing, engagement, and confidence.
Changes in child wellbeing and emotional regulation
Short-form child wellbeing indicators and teacher-reported improvements in emotional regulation are meaningful metrics, reflecting skills that predict long-term wellbeing (10).
Parent confidence and wellbeing
Given that 36 percent of parents report a lack of knowledge about how to support their child's mental health and 55 percent report stigma when seeking help (7), increases in confidence and reduced stress would be highly valuable indicators of program impact.
Patterns of engagement and habit formation
Engagement data reflecting routine use of mental fitness or wellbeing strategies can demonstrate lasting behaviour change.
Case studies that illustrate real-world impact
Narratives from children, families, and teachers provide insight into how strategies are used in daily life.
Data demonstrating reach and equity
Information showing which cohorts are being reached, including priority populations, can show whether services support equitable access.

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

A simple, structured case study template
This should include:
presenting context or challenge
what support was provided
how the child or family used strategies
short-term and longer-term changes observed
reflections from the family, teacher, or practitioner
Ethical storytelling guidance

This includes instructions on obtaining consent, avoiding deficit framing, and protecting privacy.
Clear alignment with outcome domains
Templates that link narrative details to the program's intended outcomes help demonstrate impact more coherently.
Flexibility for multiple formats
Offering audio, written, or video case study formats reduces barriers for families with different language, literacy, or accessibility needs.

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

A relational contracting approach emphasises collaboration, trust, shared outcomes, and continuous learning. It moves beyond transactional models that focus narrowly on compliance and outputs, and instead recognises that effective prevention and early intervention require stable relationships, open communication, and flexibility to adapt as community needs evolve.
In practice, relational contracting involves:
regular, two-way communication between funder and provider
early identification and joint resolution of delivery challenges
shared ownership of outcomes and learning
flexibility in delivery models where evidence or community feedback suggests adjustments are needed
transparency in expectations, decision making, and performance requirements
Research in human services shows that relational contracting strengthens service quality, supports innovation, and reduces administrative burden by promoting a culture of partnership rather than transactional oversight (42). This is particularly important for prevention and early intervention programs, where outcomes develop gradually over time and where genuine community engagement is an essential part of success.

To make relational contracting meaningful and effective, contracts should include criteria that support stability, accountability, and collaboration. These include:
Long-term funding commitments
Three- to five-year cycles support workforce retention, program quality, and meaningful evaluation (43).
Shared and clearly defined outcomes
Outcomes should be stated clearly and in accessible language. They should focus on changes in wellbeing, confidence, connection, or coping, rather than only on outputs.
Proportionate and streamlined reporting requirements

Reporting should be low-burden and focused on key outcomes, equity of reach, and learning. Excessive reporting reduces delivery capacity and is counterproductive.
Flexibility to adapt delivery
Contracts should allow providers to make evidence-informed adjustments in response to community feedback, evaluation findings, or emerging needs.
Commitment to collaboration and transparency
Contracts should explicitly outline expectations for regular check-ins, shared planning, and open communication.
Workforce sustainability requirements
Sustainable delivery requires strong workforce supports including training, supervision, and retention strategies.

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

Organisations best suited to relational contracting demonstrate:
Strong governance and financial stability
This ensures long-term viability and capacity to deliver consistently.
Evidence-informed practice
Organisations that embed research, evaluation, and lived experience feedback into their work are well-placed for relational approaches (44).
Strong community connection
Evidence of co-design, partnership with local organisations, and engagement with priority cohorts indicates that a provider is embedded in the community and can respond effectively to changing needs.
Commitment to collaboration and transparency
Relational contracting is most effective when organisations demonstrate a track record of constructive partnership, openness, and reflective practice.
Capacity to deliver at scale or in partnership
The department should consider how organisations contribute to the wider ecosystem, whether through direct reach or through partnership with locally embedded organisations.
Alignment with program values
Organisations that prioritise prevention, equity, cultural safety, and child-centred practice are strong candidates for relational contracting.

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

Yes. Smiling Mind would welcome a relational contracting approach because:
it supports stable, long-term relationships with government and community partners
it aligns with prevention and early intervention models where outcomes develop over time
it fosters shared learning and joint problem solving
it enables flexible, adaptive delivery as community needs emerge
it reduces administrative burden, allowing more focus on service quality and engagement
Relational contracting strengthens the conditions required for early support programs to be effective. It encourages trust, stability, and system learning, all of which are essential for achieving improved outcomes for children and families.

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

There are several system-wide considerations that cut across the program design and will strongly influence the effectiveness of prevention and early intervention supports for children and families.
1. Prevention must be a clearly defined and adequately funded component of the system
Prevention is often stated as a priority but remains significantly underfunded compared to acute and crisis services. Evidence shows that children's wellbeing begins to decline from around age eight (2), and that early, skills-based supports can reduce the escalation of emerging concerns (22). Embedding prevention as a distinct, resourced component of the new program will improve reach, reduce long-term service demand, and support families earlier.
2. Professional services alone cannot meet the level of need
Workforce shortages, long waitlists, and increasing demand mean the specialist system cannot meet current or future need. Families frequently report barriers including cost, limited appointment availability, and difficulty attending services during working hours (2). Strengthening universal and early support layers is essential to reduce reliance on specialist services and to ensure that families receive help early and consistently.
3. Schools represent a critical access point
Schools offer universal access to children and play a central role in shaping social and emotional development. Evidence shows that school-based wellbeing programs improve emotional regulation, behaviour, and learning engagement (10). Families also report that school-based supports feel accessible and less stigmatising. Strengthening school–home alignment would significantly improve outcomes for children.

4. Families experience cumulative and interacting stressors

Cost-of-living pressures, financial strain, parent mental ill health, time constraints, and limited community support often interact. The State of Mind study shows that 36 percent of parents report limited time as a barrier to support, and 44 percent report financial barriers (2). A well-designed system must recognise these compounding pressures and ensure supports are flexible, accessible, and low burden.

5. Digital delivery should be integrated rather than optional

Digital tools are not a standalone replacement for in-person services but are essential components of a modern prevention system. They increase accessibility for regional families, single parents, culturally diverse communities, and families facing time or financial barriers (25). Integrated digital options allow families to access support at times that suit them and help reinforce skills between sessions.

6. Families need clear, accessible information about how to navigate the system

Parents frequently report confusion about the types of services available and how to access support (7). Public communication, clear referral pathways, and national guidance will be critical to helping families understand and use the new system.

7. Evaluation should measure meaningful change, not volume of activity

Meaningful outcomes include improvements in children's emotional regulation, confidence, behaviour, relationships, and daily wellbeing. Evaluation frameworks should prioritise these indicators and avoid excessive administrative requirements. Low-burden mixed-method approaches are more likely to capture true impact while maintaining service quality (39).