

A new approach to programs for families and children

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

Vision: All children and young people are supported by strong families who have the skills and confidence to nurture them

Yes. The new vision is strongly aligned with the existing work of *Communities for Children (CfC)*, as it places children and families firmly at the centre of support.

Consistency with CfC programs: Current CfC initiatives are designed to ensure children grow up in safe, nurturing environments. The DSS vision reinforces this by emphasizing the importance of strong families and community-led solutions.

Role of community: Communities play an active role in building thriving, resilient environments where families and children can flourish. This vision acknowledges that collective responsibility is key to long-term success.

Building on existing strengths: By leveraging the work of CfC Facilitating Partners (FPs), the new vision provides opportunities for regions to expand their impact. This means strengthening family skills and confidence while ensuring every child has the chance to grow up safe, healthy, and strong.

In essence, the vision reflects shared aspirations: children supported by capable families, empowered communities, and systems that work together to nurture the next generation.

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

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

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

Outcomes:

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

Children are supported to grow into healthy, resilient adults.

These outcomes align closely with the core goals of *Communities for Children (CfC)* Facilitating Partners (FPs). Empowering parents and building child resilience are central to prevention and early intervention work.

However, while they capture the essence of family strengthening and child wellbeing, they require further refinement to ensure clarity, inclusivity, and accountability.

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

Strengths:

Emphasizes empowerment, which is critical for sustainable change.

Builds parental capacity—a proven determinant of child wellbeing.

Consistent with early intervention principles.

Limitations:

The preference would be to strengthen the language to reflect “empowered, equip and enabled” this would strengthen the approach.

Fails to view and address explicitly address systemic barriers such as poverty, housing insecurity, or discrimination. Further consideration could be given as to how to address systemic barriers.

Assumes all children live with parents/caregivers, excluding those in care or alternative arrangements.

Risks overlooking the existing strengths and capacities already present in families and communities.

Ambiguity around age range: children are defined as 0–18, but documentation emphasizes early years. Clarity is needed on DSS’s intended scope.

Ensure the outcomes align with Broader Policy Landscape: Clarify integration with other initiatives (e.g., Thriving Kids); recommend service mapping and needs analysis.

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

Strengths:

Long-term focus on resilience and health.

Recognizes the importance of childhood experiences in shaping adulthood.

Limitations:

Vague on who provides support—families, communities, services, or government.

Does not specify developmental stages or critical transitions (e.g., adolescence, school).

Lacks measurable indicators “healthy” and “resilient” need clear definitions in practice.

Why They Work

Capture the essence of family strengthening and child wellbeing.

Align with national frameworks emphasizing resilience, empowerment, and prevention.

Why They May Fall Short

Too broad and aspirational without clear pathways, accountability, or measurable outcomes.

Lack explicit focus on equity, cultural safety, and community-level support.

Do not address prevention of harm, child voice, or broader social determinants of health.

Conclusion

The two outcomes provide a strong foundation and reflect shared aspirations for children and families. However, to be truly effective, they must be sharpened with **clear definitions, measurable indicators, and explicit recognition of systemic barriers, equity, and cultural safety.**

CfC Facilitating Partners, with their strong local connections, are well-placed to deliver these outcomes in a **place-based, community-driven way** that ensures all children, regardless of circumstance, can grow safe, healthy, and resilient.

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

A single national program would streamline delivery, reduce duplication, and ease administrative burden. *Communities for Children (CfC)* already demonstrates how national outcomes can be achieved through locally tailored approaches.

Efficiency and alignment: Combining programs under one national framework reduces overlap and creates consistency, while still allowing flexibility at the local level.

Localised delivery: CfC Facilitating Partners (FPs) have strong community connections, enabling place-based solutions that respond to local needs while addressing systemic issues impacting children and families across Australia.

Evidence-informed innovation: Shifting from a strictly *evidence-based* to an *evidence-informed* program focus would encourage innovation, particularly in regional and remote communities where unique challenges require adaptable approaches.

Proven model: CfC provides a clear example of how national priorities can be translated into effective local action, ensuring that families and children benefit from both national consistency and community-driven solutions.

Does the service or activity you deliver fit within one of the three funding streams?

Communities for Children (CfC) primarily operates within **Stream 2: Prevention and early intervention**, while also partnering across **Stream 3: Intensive supports**. This dual engagement enables holistic responses and ensures flexibility in meeting the diverse needs of families.

Stream 2 – Prevention and early intervention: CfC programs focus on strengthening families early, reducing risks, and promoting resilience.

Stream 3 – Intensive supports: Through partnerships, CfC extends its reach to families requiring more targeted assistance, ensuring continuity of care across service levels.

Key strengths of the CfC model:

Place-based flexibility: Funding is embedded within communities, allowing services to be tailored to local needs.

Community-led decision making: Facilitating Partners (FPs) empower communities to shape priorities and solutions.

Streamlined reporting and capacity building: The FP model reduces administrative burden and supports smaller organisations to deliver quality services.

Holistic service systems: FPs collaborate with local organisations to create integrated supports for children and families.

Evidence-informed practice: Services are guided by research, local knowledge, and lived experience, ensuring relevance and effectiveness.

Early engagement: Community partners are able to identify needs and connect with parents as early as possible, strengthening prevention efforts.

Do these streams reflect what children and families in your community need now – and what they might need in the future?

Current Needs

Stream 2 – Prevention and early intervention is highly relevant to *Communities for Children (CfC)* as it reflects the core mission of strengthening families early.

Supports parenting programs, child development activities, and family resilience—all central to CfC.

Stream 3 – Intensive supports is equally important for families with complex needs. CfC's partnerships ensure families can access targeted services without duplication, creating a more integrated system of care.

Future Needs

The streams provide a flexible framework that can adapt to evolving community challenges.

Stream 2 will remain critical for prevention and resilience-building across all age groups.

Stream 3 partnerships will grow in importance as communities face rising mental health challenges, cost-of-living pressures, and child protection risks.

Early intervention should be recognised as valuable at **any age and stage of development**. Prioritising only the early years risks overlooking families who encounter challenges later in childhood or adolescence.

Conclusion

The streams broadly reflect both current and future needs of children and families, offering a strong foundation for prevention and support. However, to remain effective, they must evolve to address **systemic pressures, equity, and inclusion**, while ensuring early intervention is not narrowly defined by age but applied across the full developmental spectrum.

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

Strengthen Cultural Safety and Inclusion

Expand support for **CALD families**, Aboriginal and Torres Strait Islander families, and diverse family structures (young parents, kinship carers, grandparents).

Provide resources for **bicultural workers**, interpreters, and culturally tailored programs.

Address Emerging Family Complexities

Rising **housing costs and cost-of-living pressures** are impacting family stability.

Program design should allow flexibility to respond to **crisis situations** (e.g., homelessness) without penalizing providers for missed KPIs like parenting class attendance.

Flexible, Place-Based Funding

Allow CfC sites to **adapt services to local needs** rather than rigid program models (e.g. evidence requirements of 50%).

Support **innovation grants** for community-led solutions.

Integrated Service Delivery

Invest in **virtual integration models** and shared referral systems beyond co-location.

Fund backbone organisations (Facilitating Partners) to coordinate partnerships effectively. Fund backbone organisations to help strengthen new/emerging ACCOs over a funded transition period.

Outcome-Focused Evaluation

Shift from **activity-based reporting** to **impact measures** that reflect real-life change.

Include **qualitative data** (e.g., Most Significant Change stories) alongside quantitative indicators.

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

Overall Alignment

All four priorities reflect **evidence-based principles** for improving child and family wellbeing.

They align strongly with **CfC's prevention, early intervention, and place-based approach**.

They address both **systemic issues** (integration, cultural safety) and **community-level needs** (local voice, early support).

Why These Priorities Are Right

Invest Early

Backed by strong research (Heckman Curve) showing cost-effectiveness and long-term impact.

Prevents escalation into crisis services like child protection.

Key caveat: Must be holistic (include adolescents) and sustained over time.

Integrated Services

Families with complex needs benefit from seamless, co-located or virtually integrated services.

Reduces fragmentation and improves access.

Key caveat: Requires structural investment, governance, and digital solutions for rural areas.

Community-Led Design

Builds trust, relevance, and cultural safety.

Aligns perfectly with CfC's place-based model.

Key caveat: Needs genuine decision-making power and continuous engagement, not token consultation.

First Nations Outcomes

Critical for equity and Closing the Gap commitments.

ACCOs provide culturally safe, trusted services.

Key caveat: Must include capacity-building and long-term funding to avoid overstretching.

Conditions for Success

Flexibility for local adaptation (place-based solutions).

Investment in backbone coordination (CfC Facilitating Partners).

Cultural safety and equity embedded across all priorities.

Capacity-building for ACCOs and smaller community organisations.

Sustained funding for long-term impact.

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

Mental Health and Wellbeing

Rising rates of **child and youth mental health issues** require integrated mental health supports within family services.

Trauma-informed approaches should be embedded across all streams.

Cost-of-Living and Economic Stress

Financial hardship is a major driver of family stress and child vulnerability.

Cultural Safety and Inclusion

Beyond ACCOs, ensure **cultural safety for CALD families** and **inclusive practices** for diverse communities.

Build capacity for **interpreting services** and **bicultural workers**.

Youth Engagement

Current priorities focus heavily on early childhood and parents; **middle years, adolescents and young people** need targeted supports for transitions, education, and employment.

Housing Stability

Housing insecurity is a critical issue impacting family wellbeing.

Consider partnerships with housing services and advocacy for systemic solutions.

Community Voice and Governance

Strengthen mechanisms for **ongoing community input**, not just at program design stage.

Support **local advisory groups** and participatory decision-making.

Workforce Capacity

Invest in **training and retention** for family service workers, especially in rural and remote areas.

Build capacity for **collaborative practice and data literacy**.

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?

Focus Area 1: Supporting families at risk of child protection involvement

Why it fits:

Strong alignment with CfC's **prevention and early intervention mandate**.

Early support can **reduce escalation to statutory child protection**, which is a core CfC goal.

CfC's **place-based model** allows tailored responses for vulnerable families.

Key gaps and considerations:

CfC typically works **upstream**, so families already in crisis may need **Stream 3 or intensive services**.

Requires **robust referral pathways** and collaboration with child protection agencies.

Must embed **trauma-informed and culturally safe practices** in all activities.

CfC Lens Recommendation:

Strengthen **partnerships and referral systems** with child protection and intensive family support services.

Ensure **cultural safety and trauma-informed approaches** are standard practice.

Focus Area 2: Supporting young parents

Why it fits:

Aligns with CfC's **family strengthening and parenting support activities**.

Young parents often face **isolation, financial stress, and stigma**—issues CfC can address through community-based programs.

Key gaps and considerations:

Needs **targeted strategies for rural areas and CALD communities**.

Requires **wraparound supports** (housing, education, mental health) beyond CfC's usual scope—so partnerships are essential.

CfC Lens Recommendation:

Ensure **youth-friendly and culturally safe engagement**.

Collaborate with services offering **housing, education, and mental health supports**.

Overall Fit

Both areas are **highly relevant** to CfC priorities, but success depends on:

Strong partnerships with complementary services.

Cultural safety and trauma-informed practice embedded across all activities.

Flexibility for local adaptation, especially for rural and CALD communities.

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

Growth of grand carers in the parenting space. Broaden Definition of Family: Recognize diverse family structures including extended kinship, communalist values, and chosen families.

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

Shared referral pathways, joint case conferencing, and integrated data systems.

The ability to collect consistent data using evidence led mechanisms

What would you highlight in a grant application to demonstrate a service is connected to the community it serves?

Evidence of local partnerships, community governance, and collaborative planning.

What should applicants be assessed on?

Demonstrated capacity to engage with local community, understanding of the strengths and limitations within sites, established partnerships with local organisations, good understanding of data collection, analysis of evaluation data and impact reporting.

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

Cultural diversity, transport access, and emerging issues like mental health or family violence. Increased need due to a shift in housing affordability and cost of living in the region.

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

Use local data, community consultations, and feedback loops, program provision based on identified community need or gaps in service provision.

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

Simplify application processes, provide capacity-building grants, and prioritise ACCO-led governance.

Provide assistance to non ACCO (but First Nations led) service providers to either become ACCOs or qualify for funding opportunities.

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

Child development milestones, family functioning, and social connectedness indicators.

Research relating to specific service areas for particular regions- e.g. the Middle Years.

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?

Case studies showing **community-led impact** and **long-term outcomes**. Mix of quantitative and qualitative data on participant outcomes. Demonstrating the development and maintenance of network.

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

Change in circumstances and client satisfaction. Specific domains would depend on program design and evidence based goals.

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

Clear examples of **qualitative reporting** and **storytelling frameworks**, such as the UMEL framework, currently used across two CfC sites, which allows for collecting qualitative data. Collecting UMEL data is important because it enables programs to track changes, demonstrate impact, and inform continuous improvement practices.

UMEL is more than reporting, it is a continuous cycle of understanding, measurement, evaluation, and learning. It helps us answer key questions such as: *Are we making a difference? How do we know? What should we do next?* By combining numbers and stories, we capture both measurable outcomes and lived experiences, ensuring that diverse voices, especially those of children and families, are heard and acted upon. Ultimately UMEL ensures that activities are not just delivered but are effective, inclusive, and responsive to local needs.

What criteria would you like to see included in a relational contract?

Focus on **trust**, **shared outcomes**, and **flexibility**. Criteria should include collaboration history and community engagement.

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

Assess track record in partnership, outcomes achieved, and community trust.

Ensure community consultation is valued and prioritised. Consider ongoing relationships with DSS and other community providers as part of the process.

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

Yes- there is a renewed focus on **trust**, **shared outcomes**, and **flexibility**. Criteria should include collaboration history and community engagement. Demonstrated relational contracting within the DSS context for CfC FP activities.

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

Maintain **place-based flexibility** and **community voice** as central principles.

Ensure **transition planning** for existing CfC sites to avoid service gaps.

Address Equity and Inclusion: CALD families 40% less likely to access services; children with disability face barriers; include family violence, poverty, mental health.

- Embed Community as Core: Children's wellbeing is inseparable from community conditions; reference ARACY's The Nest and Indigenous wellbeing models.
- Integration is a Practice, Not a Floorplan: Fund relationship-building and community engagement as essential for service integration.
- Design for Real Service Realities: Rural/regional services act as one-stop shops; ensure flexibility and person-centered approaches.
- Commissioning & Contracting: Support relational contracting; recommend longer-term grants (5+ years) with flexibility and proper indexation.
- Fair and Transparent Tender Process: Publish weightings; value proven performance and local connections; consider rural costs and diverse service mix.