

Organisation name

The Benevolent Society

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?

- Prevention or early intervention services
- Intensive family supports

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

- New South Wales
- Queensland
- South Australia

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

Regional area

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

The new vision aligns closely with Benevolent's long standing commitment to ensuring every child has the opportunity to thrive within safe, supportive, and nurturing family and community environments.

However, to fully realise this vision, it must be underpinned by equitable, sustainable investment in place-based, integrated service models, like the Child and Family Hubs championed by Benevolent, which make access to supports easier and more responsive to local needs.

The vision should also explicitly recognise the importance of cultural safety, inclusion, and collaboration with Aboriginal Community-Controlled Organisations (ACCOs) to ensure that all families can benefit from programs designed with and for their communities.

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: Empowered parents and caregivers are central to children's wellbeing. This outcome rightly emphasises the role of families as the primary environment for children's development. The Benevolent Society's experience across early years, parenting, and family support programs shows that when families are equipped with the right tools, relationships, and supports, children experience better long-term outcomes.

To strengthen this outcome, it would be beneficial to highlight the system-level enablers of empowerment, such as stable funding, integrated service systems, and culturally appropriate models, rather than framing empowerment solely as an individual responsibility.

Families flourish when the systems around them are designed to reduce barriers and build capacity.

Outcome 2: This outcome reflects the broader life-course approach that The Benevolent Society has consistently advocated for. Focusing on resilience and wellbeing throughout childhood acknowledges that early intervention and sustained support lead to positive adult outcomes.

To ensure this outcome is meaningful, it should be linked to a continuum of care from universal early childhood supports to targeted interventions for families with complex needs.

It should also recognise the critical role of community infrastructure, such as integrated hubs and collaborative local partnerships, in sustaining the environments that enable resilience across generations.

Public investment is still directed mainly toward crisis responses and acute intervention rather than prevention and early support.

There is clear evidence that strong prevention work is possible when integrated child and family services, such as hubs, are in place. Children do better when support services are connected, easy to access, and wrapped around families in one location.

This has been demonstrated through The Benevolent Society's Integrated Early

Years Places, which provide practical, everyday support for health, development, parenting, and safety.

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

A single national program has strong potential to increase flexibility, reduce duplication, and enable more integrated service delivery across The Benevolent Society's national footprint.

Benevolent currently delivers around \$10 million in DSS-funded programs in child, youth, and family services.

We currently provide programs under:

- Children and Parenting Support (CaPS)
- Communities for Children Facilitating Partners (CfC FP)
- Family Mental Health Support Services (FMHSS)

We support the reform objectives and are ready to partner with DSS in designing a practical, outcomes-focused national model. Our evidence-based, trauma-informed practice framework and multi-disciplinary teams already deliver integrated family support, parenting, and mental health services, mirroring the intent of the new national approach.

A single program will also make it easier to implement relational contracting and longer-term agreements, both of which Benevolent strongly advocates for. Streamlined contracting and consistent performance frameworks would allow us to reinvest more resources into direct service delivery and innovation, rather than administration.

The Benevolent Society's service portfolio aligns closely with all three proposed funding streams:

- National programs and information services: Our existing digital and telepractice (Carers Gateway, Early Childhood Approach) infrastructure enables delivery of accessible advice, parenting resources, and community education across Australia.
- Prevention and early intervention: Our evidence-based and trauma-informed programs consistently achieve positive outcomes in early intervention and family capacity building, supporting parents before challenges escalate.
- Intensive family supports: Our integrated, multi-disciplinary teams deliver wraparound services for families experiencing complex needs, including child protection involvement, mental health issues, and intergenerational disadvantage.

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?

As above

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

To ensure success, The Benevolent Society recommends several refinements:

1. Embed integrated service models, such as Child and Family Hubs, within the national program. These hubs offer soft entry points for families and enable coordinated, localised support.
2. Adopt relational contracting to encourage collaboration, flexibility, and innovation. Benevolent is well placed to participate in a trial of relational contracting and contribute its operational expertise to model design and implementation.
3. Map current service provision to prevent overlap and find gaps in program delivery.

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

Benevolent agrees that the four priorities outlined by the Australian Government are the right areas for investment to improve outcomes for children and families.

1. Invest early to improve family wellbeing

Australia's current child and family wellbeing systems remain too heavily weighted toward reactive responses rather than prevention. Support often arrives only after problems have escalated, resulting in poorer outcomes for children and families and costing the nation an estimated \$15 billion each year in late intervention services.

Hubs should be explicitly identified as a delivery mechanism for early intervention and prevention. They provide soft entry points for vulnerable families, integrate multiple services under one roof, and strengthen community cohesion. Ongoing investment in hub development, coordination, and evaluation will accelerate the Government's priorities.

Example: Benevolent Early Years Centres

Our Early Years Centres provide vital support to families with children under eight.

They offer a broad range of services, from universal playgroups and early childhood education to targeted supports such as parent capacity-building and child development assistance. This holistic model of care strengthens family wellbeing and nurtures positive outcomes for children.

- 93% of parents used new skills they learnt at home.
- 98% of parents satisfied with services they received.
- 98% of parents agreed the service improved their connection with their child.
- 96% said it increased their understanding of their child's learning and development.

2. Prioritise connected, co-located, and integrated services

This priority directly aligns with Benevolent's service model. We see daily how co-located, wraparound supports improve accessibility, reduce stigma, and deliver better outcomes for children and parents. Hubs exemplify how practical, place-based integration achieves system-wide efficiencies while responding to real community need.

3. Ensure services are informed by, and respond to, community needs

We strongly endorse this approach. Benevolent's programs are place-based and community-led, shaped by partnerships with local providers and people with lived experience. We regularly use local data, community consultation, and collaborative planning to design services that reflect each community's unique context, particularly in regional, and outer-metro areas where access remains a challenge.

4. Improve outcomes for First Nations children and families

Benevolent fully supports this commitment. We acknowledge that community-led, culturally safe services deliver the best outcomes. Benevolent has a strong track record of partnering with Aboriginal Community-Controlled Organisations (ACCOs) and understands that successful transitions to ACCO-led delivery require careful planning, dedicated resourcing, and sustained collaboration. We welcome DSS's prioritisation of ACCO leadership.

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

As above

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?

Our programs already target families experiencing adversity, including those at risk of entering the child protection system. We provide intensive family support, parenting programs, and therapeutic interventions designed to strengthen protective factors, improve parenting confidence, and reduce intergenerational cycles of disadvantage.

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

While the proposed focus areas are well chosen, several additional priorities and approaches could strengthen the program's impact:

Families experiencing cumulative disadvantage: Families facing overlapping challenges such as poverty, disability, and housing insecurity require coordinated, wraparound supports. A flexible funding model that allows services to tailor responses to multiple risk factors is essential.

Parents with disability and carers of children with disability: These families often face unique barriers to accessing mainstream supports. Greater inclusion of disability-informed approaches would ensure all families can benefit from prevention and early intervention services.

We are very interested to see how these services might interact with the new Foundational Supports/Thriving Kids programs.

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

The National Framework for Protecting Australia's Children establishes shared responsibility across the full spectrum of prevention and intervention from universal services through to statutory child protection. While conceptually sound, this approach has resulted in both levels of government funding and operating in the same service space, particularly in early intervention and targeted support for vulnerable families.

Duplication is most evident in programs aimed at preventing statutory child protection involvement.

Commonwealth-funded initiatives such as Communities for Children, Children and Parenting Support, and Family Mental Health Support Services directly mirror state-funded service models, often targeting the same cohorts in the same communities through the same providers. This replicates state service

responsibilities and blurs accountability for outcomes.

Contracting arrangements deepen this duplication. NGOs are frequently funded by both Commonwealth and state governments to deliver similar services.

In many areas, multiple initiatives with similar objectives are funded separately and operate in parallel, often with little coordination or communication between them.

For example, Kempsey (NSW), the Gold Coast (Qld) and Logan (Qld) each branded under different funding streams but offering comparable supports are effectively “tripping over” one another.

In some cases, several providers are delivering near-identical services within close proximity, or even presenting the same program models at local forums, while other communities remain significantly under-serviced.

The northern Gold Coast (Qld), particularly the Pimpama area, is an example where service gaps persist despite concentrated activity elsewhere.

To address these challenges, it is proposed that the Department of Social Services (DSS) and other relevant government agencies invest in coordination and integration of services and providing meaningful data to local service providers to plan, coordinate and evaluate the impact of community interventions.

This could involve funding for service hubs or “one-roof” models that bring complementary providers together in shared spaces, fostering relational contracting and co-location.

It may also include resourcing local coordination roles or backbone organisations tasked with aligning existing programs, mapping service coverage, and identifying geographic and thematic gaps.

Dedicating funding toward these integrative functions would strengthen the efficiency and coherence of the service system.

Further, existing outcomes measurement approaches that focus on changes for individual clients should be re-assessed in the context of community-level interventions.

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?

Benevolent's community hub models are grounded in our Theory of Change and social impact measurement framework that ensures we are not only measuring individual outcomes, but also changes that are occurring as a result of coordinated approaches that deliver for the whole community.

For example, in assessing our progress towards enhanced community connections and cooperative relationships in our place-based initiatives, we use quantitative tools such as the Collaborative Health Assessment Tool (CHAT) and qualitative survey and interview responses to measure the following short-term outcomes:

1. Trusted cross-sector and community relationships are established and maintained
2. Increased collective understanding of community assets and challenges
3. Increased cooperation between stakeholders
4. Decision-making processes are more inclusive.

However, the administrative burden of collecting and reporting these data can be high, especially if each organisation has to collate and report it independently. DSS could provide infrastructure to support data collection at the community level, as well as conducting analysis and providing data back to agencies – and the broader community – to support evaluation, continuous improvement and innovation.

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

In addition to geographic disadvantage, several factors strongly influence levels of need and should be incorporated into funding assessment:

- Cumulative and intersecting disadvantage: families experiencing multiple stressors (poverty, disability, family violence, mental health issues, housing instability) require more intensive and sustained support.
 - Service availability and duplication: some communities are overserved in some program areas and underserved in others; mapping capacity and overlap is essential.
 - Workforce capacity and sustainability: even where needs are high, insufficient skilled workforce can limit service access, especially in rural and remote regions.
- Considering these factors would ensure funding allocation better reflects real world service demand, not just postcode based indicators.

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

Organisations can most effectively demonstrate alignment with community need by providing evidence that shows:

- Community engagement and co-creation, including input from children and adults who are impacted by the issues their service seeks to address.
- Strong local partnerships, including collaboration with ACCOs, CALD organisations, schools, health services, and local councils.
- Use of multiple data sources, including:
 - o Analysis of internal management data, such as service utilisation trends, waitlist information, referral pathways
 - o Local analysis of census and other national datasets to understand local needs, such as changes in demographics and health and wellbeing needs
 - o Data from locally-conducted needs assessments and qualitative insights, from both government and not-for-profit agencies.
- Clear articulation of outcomes, not just outputs, showing how services improve family wellbeing, safety, and resilience.
- Adaptive program design, demonstrating that services have been refined over time in response to feedback and emerging need. Relational contracting will particularly enable this.

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

Benevolent supports efforts to expand Aboriginal Community Controlled Organisation (ACCO) services and remains committed to working in genuine partnership with them. As part of this commitment, there is a need for Governments to invest in building capacity and supporting the growth of the Aboriginal and Torres Strait Islander workforce.

Through a recent research project involving five ACCOs across Australia, we examined the effectiveness of our partnerships and reflected on our role as a mainstream service provider. This work has resulted in a strong body of evidence that articulates what it means to be a good service partner and identifies the principles, behaviours, and practices that support respectful, effective collaboration with Aboriginal-controlled organisations.

Benevolent's Kempsey (NSW) service is evolving as a demonstration site to strengthen how we partner with ACCOs.

We are undertaking a collaborative project involving The Benevolent Society,

Learning the Macleay, and the Kowa Collaboration. This project aims to map the roles and remits of mainstream services alongside ACCO services in the region. It includes structured data collection and evaluation activities to understand:

- How services currently intersect and complement one another.
- Where there are gaps or duplication
- Opportunities to improve collaboration and service integration
- Capability Development

More broadly, our Reconciliation Action Plan (RAP), currently under development, will commit to advancing Benevolent's authentic partnerships through a whole-of-organisation approach that upholds cultural values, manages risks, and strengthens leadership capability.

This plan will include:

- Comprehensive mapping of Benevolent's partnerships with ACCOs and ACCHOs across the country to identify gaps, clarify roles, and strengthen shared governance, including engagement with peak and place-based organisations.
- Development of tools and processes to support leaders in making culturally safe, reconciliation-focused decisions when delivering contractual programs.
- Exploration of tailored support and funding streams to assist ACCHOs in achieving their desired outcomes, delivered in a self-determined and place-based manner.

Together, these initiatives represent a place-based approach to strengthening ACCOs and improving outcomes through respectful, evidence-informed partnerships.

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?

We encourage DSS to adopt a longitudinal approach to data collection and outcomes monitoring, recognising that the true impact of prevention and early intervention is often realised well after a service episode ends.

Outcomes at the point of case closure rarely reflect the longer-term changes that matter most, such as sustained family stability, reduced involvement with

statutory systems, improved education and health trajectories, and stronger community participation.

To properly understand effectiveness of our programs, data needs to be collected and analysed over time, capturing both human outcomes for children and families and the economic benefits of reduced demand on crisis systems. A longitudinal approach would allow government and providers to track progress, identify what works, and build a stronger evidence base to guide future investment.

It is essential that DSS shares relevant outcome data with service providers so it can be used to strengthen service delivery and improve results for families. Providers cannot fully assess or refine their work without access to information on longer-term outcomes, follow-up indicators, or broader system trends. Timely and secure data sharing would support continuous improvement, better targeting of support, and more effective use of public funding.

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?

Benevolent has recently strengthened the way we measure and report on the difference our services make for children and families. In 2024, we worked with the Social Impact Hub to develop a practical framework that helps us collect, understand, and communicate our impact across the organisation.

As part of this work, we developed an organisation-wide Theory of Change, which now guides our planning and priority setting. We also produced project logics for key areas of our work, which have been shared with program teams to support service design and delivery. A measurement and data collection plan is now in place to help us track progress over time, with a focus on ensuring that the experiences and perspectives of clients are included in how we assess our results.

This work means Benevolent is well prepared for reporting approaches that focus on outcomes.

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

Benevolent supports the Department of Social Services' (DSS) efforts to streamline data collection and reporting across programs through the implementation of the DEX Standard Data Set.

Benevolent already reports comprehensively across the relevant data categories and at appropriate levels. We therefore welcome the removal of additional mandatory reporting categories and the move towards a simplified, standardised framework.

However, while the changes will not negatively impact our existing processes, they also do not address the inadequacy of the SCORE tool in being able to effectively measure the outcomes of our diverse services.

DEX reporting takes an extraordinary amount of resources for all organisations involved, and if we are to continue doing this, we believe that our organisations, and the people we deliver services to, need tools that accurately capture outcomes and allow us to plan and develop services.

A key concern in relation to the SCORE Circumstances (outcome) domain, for example, is that the domains are broad and poorly defined, with no definition of the change measure of “progress” towards achieving the outcome. This means that each service provider has their own outcome measures and definitions for these domains, and that as a result, data is not comparable between organisations delivering similar programs.

Further, the domains are not mutually exclusive (for example, “family functioning” may include interventions to address “personal and family safety” and “age-appropriate development”), and as such it is often unclear what outcomes are being measured under what domain.

While we report against SCORE in DEX, we do not use these results internally for service improvement and development.

Instead, we currently use the following standardised tools, linked to our Social Impact Framework and Resilience Practice Framework:

- Kessler-10 (K10) and Kessler-5 (K5) Psychological Distress Measure
- Personal Wellbeing Index (PWI)
- Parent Empowerment & Efficacy Measure (PEEM)
- Strengths & Difficulties Questionnaire (SDQ)
- Child Neglect Index (CNI)
- Ages & Stages Questionnaire (ASQ)

While the SCORE Translation Matrix does provide for us to translate these tools into SCORE Circumstances, this would require significant technical resource to

integrate and translate back into DEX.

We would welcome discussion on how DSS might reduce the burden on community organisations by shifting the burden of data translation from our organisations back to DSS.

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

As above

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

We welcome DSS's commitment to trial formal relational contracting. This approach gives both government and service providers more flexibility to adjust services over time, which is essential when working with children and families who have complex and changing needs. A relational contract sets out shared goals, clear outcomes, and expectations for open communication and data sharing, creating a stronger foundation for working together.

To make the pilot successful, government and providers will need support to work in this new way. This includes building skills, learning from experience as the pilot progresses, and involving children, families, and communities in shaping the outcomes that matter to them.

Key features of relational contracting should include:

- A formal agreement underpinned by cooperation, transparency, and shared goals.
- Joint governance arrangements and agreed principles for responding to unforeseen events.
- Flexible and fair pricing models that reflect changing costs over time.
- Mechanisms for open communication and data sharing.

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

As one of the founding partners, we support The Possibility Partnership's ask that five elements are needed to set the trial up well:

1. Government readiness: procurement and contract teams need training and support to commission and manage relational contracts differently.

2. Provider readiness: service organisations need training and opportunities to share what works and what doesn't.

3. Clear accountability: early involvement from oversight bodies will ensure transparency and confidence in the pilot.

4. Community involvement: families and communities should help define the outcomes and see progress reported back to them.

5. Independent learning partners: bringing in expertise from Australia and overseas will help test, refine, and improve the model.

A well-designed pilot will build confidence, reduce risk, and lay the groundwork for a contracting approach that supports better results for children and families.

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

Benevolent stands ready to contribute its expertise and experience as a partner in any trial to design and implement a relational contracting model with service providers.

The trial should be strategically designed and guided by a dedicated steering or reference group. DSS could also utilise the ongoing work of the Community Services Advisory Group (CSAG) as a mechanism for expert input and oversight.