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

Organisation

Organisation name

The Salvation Army Australia

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

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?

Major city

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

Broadly speaking, yes.

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.

1.2 There is an opportunity to mirror the language and vision of the National Framework for Protecting Australia's Children, which acknowledges the importance of community in the life of families and children.

1.3 An additional community-focussed outcome, as is currently in the Outcomes Framework for the Families and Children Activity,[fn1] would affirm the important role that communities play in ensuring children and families have access to the "tools they need for healthier and happier lives". A third outcome could read: 'Communities are connected, strong and safe.'

1.4 It is important that the language used explicitly includes a diversity of family structures, including ones with no children or no children presently in their care.

1.5 For First Nations and many culturally and linguistically diverse communities, the definition of "parents and caregivers" extends beyond traditional nuclear family structures to include grandparents, aunts, uncles, other relatives and friends, who play vital roles in nurturing and safeguarding children. There should be a commitment to recognising and supporting these extended family networks, as they are essential in maintaining cultural continuity and providing a stable environment for children.

[fn1] Australian Government Department of Social Services. (2021). Families and Children Activity Communities for Children Facilitating Partner Operational Guidelines. https://www.dss.gov.au/system/files/resources/communities-children-facilitating-partner-operational-guidelines_3.pdf

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

2.1 Greater funding stability, reduced administrative requirements and relational contracts could provide more flexibility if they free us up to focus more on our communities and the priority areas, and to pivot and adapt according to emerging community needs. We've included more discussion under Question 6 about evidence-based requirements under the new program.

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?

2.2 The services The Salvation Army delivers would fall primarily in the prevention and early intervention, and intensive family supports streams. Our experience is that there is a high demand for the support we provide, and that they reduce the need for more intensive interventions, such as child protection involvement. It would be

beneficial for the Department to explicitly state the main challenges that we are seeking to prevent and intervene early intervention on. This should include the prevention of gender based violence and attitudes that enable violence.

2.3 We appreciate the continued focus on a continuum of services. Our experience is that prevention and early intervention services can only work well when the need for more intensive and specialist support is met by well-funded services.

2.4 It is important that our conception and delivery of national programs and information services leaves room for different cultural understandings and norms of what 'healthy', 'happy', 'safe' and 'strong' families and children look like.

2.5 The Salvation Army proposes the inclusion of a fourth stream that explicitly recognises the work of investing in communities. Our Communities for Children Facilitating Partners' community wide lens allows us to identify gaps and prevent duplication of services. This knowledge also helps us guide and invest financially into what works best for local families. It also allows us to provide an appropriate pathway for families from universal supports into targeted intervention, or vice versa from intensive family supports into more integrated community participation as the needs of families change.

2.6 A separate stream would acknowledge the different nature of services that provide the 'glue' (for example, community backbone organisations and community connector roles) and focus on community capacity building. This includes holding space for community and services to gather, providing platforms for children to be heard, and providing links between many types of businesses, services and community, families and children. This work is essential for services to take a coordinated approach and be tailored to the individual needs of their community. The importance of this has been affirmed by the Partnerships for Local Action and Community Empowerment (PLACE) in their 2025 listening tour report.[fn2]

Program Profile: Pathway of Hope
The Salvation Army Pathway of Hope is a transformative initiative that offers free, tailored support to families facing challenges, with a strong focus on nurturing children's wellbeing and helping families build brighter, more stable futures together. Early support is key, so we are investing where families and children can benefit most. We know that children have the best chance to thrive when they grow up in safe, nurturing environments and where their parents and carers feel supported. That is why The Salvation Army is committed to early support - investing in families during the crucial years of a child's life by working alongside families, building on their strengths and aspirations.

With the support of a dedicated caseworker and our local Salvos team, parents and carers are empowered to overcome challenges, strengthen their parenting skills, and create warm, connected relationships with their children. Families are linked to

services and opportunities within their community, supporting both children and families to feel valued, included, and hopeful for the future. At its heart, Pathway of Hope believes that every child deserves to grow up in a family that is strong, supported, and full of possibility.

[fn2] PLACE Australia. (2025). Pride in Place: 2025 Community Roadshow and Listening Tour Report. https://static1.squarespace.com/static/66ecf2c358237f53f0c66713/t/6864aafda8dd cd76e377f931/1751427942365/Place+Report+2025_+Full+Report+FINAL.pdf

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

2.7 The Department could ensure that the new program provides sustainable funding, that is, funding levels meet the full cost of service delivery and employment conditions are at an acceptable level. This includes recognising that the nature of our work demands substantial investment in staff training, and that when grant round outcomes are delayed, we begin losing staff up to 3 months before funding officially ends. Shorter term grants and funding uncertainty impact workforce development and sustainability, practice management and service continuity.

2.8 We believe strongly in universal access to prevention and early intervention support, that is, access for children of all ages and children not deemed 'at-risk'. The soft entry model used by many Communities for Children sites lays the groundwork for families to actually access prevention and early intervention support when they otherwise would not have.

2.9 Flexibility in service delivery areas would allow us to provide support in a more person centred way. For example, the ability to be responsive to movements in housing affordability would allow us to provide services closer to home, rather than requiring participants to travel to our funded statistical area.

2.10 Access to additional funding, where available, for unexpected costs or events would allow communities to continue receiving support without disruption. The rapid rise in the cost of doing business has caused an increase in wages, program costs and living cost barriers for families. This would also allow us to meet community needs where demand for services exceeds capacity. An alternative could be for the use of program underspends to be approved within the first 2 months of the new financial year.

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

3.1 We note the Department's intention to clarify that Priority 2 is for services that are connected, co located or integrated, rather than requiring all 3 characteristics to apply to every service. Our experience is that connection and integration of services is what works well, and where co-location is beneficial to a community, the co-located services should be operating in a connected and integrated way. The Salvation Army's experience is that while co-location works very successfully in some contexts, hub models can be disastrous in others. For example, for people living in rural areas with no public transport, co-locating services might render them inaccessible. Co-location may also unintentionally put community members at risk, depending on the co-located services. Where co-location is beneficial for a community, there may be additional funding requirements for capital growth.

3.2 Priority 3 could be strengthened by explicitly emphasising the benefit of community-led and place-based services. Local communities understand their own needs best. Place-based approaches have shown success in improving child development, school attendance, and family wellbeing. This is particularly critical for First Nations and culturally diverse communities.

3.3 We acknowledge the Australian Government's commitment to longer term funding. Funding adequacy, stability and certainty are essential for services that meet the identified priorities. Community engagement and relationship building take time and it is important that funding levels reflect this.

3.4 We also note that, while outside the scope of this proposed program, the best programs for children and families will not 'improve family wellbeing, break cycles of disadvantage, and reduce the need for later interventions' if families do not have access to stable and affordable housing for families and food security.

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

3.5 It is important that language used to describe the program and the people it seeks to support is strengths-based.

3.6 We appreciate the emphasis on evidence-informed services on page 3 of the discussion paper. We understand this to mean that activities should be shown to improve outcomes for children and families. Our experience has been that the 50 per cent evidence-based program criteria under the Families and Children Activity has constrained communities' ability to choose innovative and locally appropriate programs, while relying on limited and outdated validation studies that do not consider the criteria for successful implementation of a program in different settings. We recommend that programs with robust monitoring and evaluation (ensuring accountability and demonstrable outcomes) be considered for inclusion even if they do not strictly align with predefined evidence-based models. This flexibility fosters local innovation, empowers communities and service providers to design, test, and

refine interventions, and means that promising, locally relevant initiatives can be included despite limited resources for rigorous evaluation, smaller sample sizes, limited demographic validation or restricted ability to test in different locations. Strong monitoring and evaluation also ensure programs are continuously adapted to achieve desired outcomes. It enables adopters to implement evidence-informed adaptations, review progress, and confirm effectiveness in their own context. Funding should include an allocated budget for the monitoring and evaluation activities to increase the number and quality of programs proven to be evidence-informed, and build evaluation capacity among service providers.

3.7 We recognise the diverse backgrounds of the people in many of the 235 communities identified in the evidence summary and emphasise the importance of training staff in cultural competency, especially for services working with First Nations children and families, to ensure respectful and effective engagement.

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?

4.1 While we recognise that identifying focus cohorts necessitates the exclusion of others, we believe that the following would strengthen the outcomes of the program as a whole:
- Universal access to prevention and early intervention support.
- Using strengths-based language to describe families and children.
- The inclusion of the groups of people identified in our response to Question 9.

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

4.2 The Salvation Army also supports the inclusion of:
- Children and young people of all ages. This would support the recognition that middle childhood and adolescence also offer crucial opportunities to "build strong cognitive, social and emotional foundations that support children and young people".[fn3]
- Culturally and linguistically diverse communities, including refugee families. Two of our Communities for Children sites, Logan and Salisbury, have a high proportion of families from refugee backgrounds. Refugee families face increased challenges such as securing employment, accessing housing and education, and adjusting to changes to family roles including children who learn English more quickly than parents and may take on roles such as interpreters.[fn4] A 2022 place-based study found that establishing "service hubs" is an effective way to reduce physical and information barriers to accessing services.[fn5]
- Children as victim-survivors in their own right. Family and domestic violence is one

of the main reasons that young people present to The Salvation Army's youth services. Children are often the 'silent victims' of family and domestic violence. Evidence shows that family violence can have lifelong harms for children and those around them, including psychological and behavioural impacts, health and socioeconomic impacts, and increased risk of intergenerational violence and re-victimisation. We need more specialist services for children and adolescents who are victim-survivors of family violence, or who choose to use violence, including access to timely case management and therapeutic responses that promote their participation and are tailored according to age and development.14 Wherever able, children need to be engaged and supported as individuals, through systems that recognise their needs and the benefit of intervention to prevent long-term negative impacts of trauma.

- Children and families living with a disability.

- Fathers and other male carers. Men have the lowest engagement rates in family support services (including perinatal health services), due to multiple factors, including the perception that support and activities are targeted at women only, and due to most services being provided during times when men are more likely to be unavailable to attend. Fathers and male carers play a vital role in supporting the healthy development of children. It is crucial for there to be improvement in this area, including through more flexible service delivery and support available outside of traditional office hours.

4.3 The experience of The Salvation Army's Aboriginal and Torres Strait Islander team is that approaches that empower children in their identity, kinship system and culture, from a young age, increase the chance of breaking cycles of trauma. They encourage a greater focus on First Nations kinship systems, which ensure the safety of tens of thousands of children while supporting their families. This is a valuable area of strength that has not yet been fully utilised.

4.4 Our Communities for Children experience supports the value of investing in grassroots community-led action and harnessing the resources of local communities to provide easy access to a range of support and services and a place for parents and children to connect with their community.

Program Profile: COACH Mentoring

The Salvation Army's Aboriginal and Torres Strait Islander team has been running a mentoring program called COACH in Townsville, Queensland since 2022. The program equips mentors with strengths-based tools to provide support, create belonging and empower people in their local communities to combat generational cycles of poverty and family breakdown. The program aims for every family member to be spiritually nourished, with healthy self-esteem and strong connections to community and culture. We have found COACH to be a cost-effective model, with

one coordinator and multiple volunteer mentors.

The Aboriginal and Torres Strait Islander team worked with community Elders for two years to adapt the program content and materials for Indigenous mentors and participants. To measure the impact of the program, they asked The Salvation Army Research and Outcomes Measurement team to develop and implement an evaluation framework for the program.

A key principle of the evaluation is the centring of Aboriginal and Torres Strait Islander voices in every stage from design to the implementation of tools and processes. Community members shared their views on what the COACH program should be achieving and how best to measure its success. Key outcomes identified for COACH participants include:

- Children eat well, are safe and are attending school.
- Older children are role models for younger children, and are well-nourished, happy and inquisitive.
- Parents, grandparents and caregivers are confident, empowered, strong advocates for children and feel supported by services.

"[Culture and identity] are at the heart of our people, and it is what makes us strong."
- Aboriginal and Torres Strait Islander staff member

[fn3] Australian Government Department of Social Services. (2025). A new approach to programs for families and children: Evidence summary. https://engage.dss.gov.au/wp-content/uploads/2025/11/evidence-summary.pdf
[fn4] Edmund Rice Centre. (2022). Settlement Cities: A place-based study of Australia's major centres for refugee resettlement. https://www.brmc.org.au/wp-content/uploads/2022/12/Settlement_Cities_Report_2022.pdf
[fn5]Edmund Rice Centre. (2022). Settlement Cities: A place-based study of Australia's major centres for refugee resettlement. https://www.brmc.org.au/wp-content/uploads/2022/12/Settlement_Cities_Report_2022.pdf

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

5.1 We appreciate the Department's confirmation that this priority speaks to services working together in a connected and integrated way, whether co-located or not. As discussed in our response to Question 6, connection and integration of services is what works well and where co-location is beneficial to a community, the co-located services should operate in a connected and integrated way. Integration and connectedness do not happen by chance; they require deliberate and ongoing investment.

5.2 In our experience, the following factors are key to creating connected and coordinated services:

- Funding stability for staff is a key factor in strengthening connections between services. When staff have job security, they can build strong relationships and maintain warm referral pathways.
- Regular case meetings between service providers to identify barriers, gaps, and community member-centred solutions can be highly effective, particularly when services are located together. A comprehensive suite of programs is essential for this to ensure individuals and families can receive the right support at the right time. This integrated approach reduces the need for families to navigate multiple locations or participate in several disconnected programs.
- Connectors or community navigators can help families engage with services in a way that works for them. This is the strength of the Communities for Children model – Facilitating Partners build a depth of knowledge of the local service system and the barriers that families face. This familiarity helps us identify and break down systemic and structural barriers to engagement.
- Holding space for services to build relationships, such as community networks and communities of practice.

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?

5.3 Organisations can show the strengths of our community connections through, and be assessed on:

- Testimonials from families and other services. We note that obtaining these testimonials could be challenging in a scenario where these services are also preparing a tender in the same grant round and we are perceived to be in competition. This is where it would be helpful to have a fourth stream as described in our response to Question 4.
- Case studies and good news stories showing community member outcomes.
- Evidence of how we are investing in our community to increase our collective capacity, and how resources are shared within the community (that is, collective working). For example, memoranda of understanding, referral pathways, joint outreach, cross-agency meetings and examples of how organising opportunities for services to connect has led to positive outcomes for families.
- The number, range and depth of community partnerships, and how they are working together. This could include identifying referral pathways to our services and from our services to others in the local support system.
- Evidence of how the community has informed service decisions. This could include governance structures, the depth, quality and regularity of engagement with the target community (that is, not just one-off consultations), evidence of co-design and

innovation. It should also include evidence of how community feedback has shaped program design, staffing, hours or service delivery model, including through ongoing high service uptake.

- Evidence of cultural safety and competence, including mandatory training, induction content, supervision and cultural mentors.
- The percentage of staff recruited from within the community.

5.4 It is important that the assessment criteria uses language that is asset-focussed and recognises the importance of building on the existing strengths of a community. Our experience is that when a community has agency, this leads to sustainable change.

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

6.1 The following factors could influence decisions on how, and how much, funding should be allocated to a community to meet its needs:

- The needs and past experiences of local families. This includes factors like socioeconomic status, cultural diversity, disability, family structure, and exposure to trauma or risk.
- The voices and decision-making bodies that represent local communities, to understand the specific needs of the community, support grassroots initiatives and develop local expertise. This would include listening to the voices of communities, families and children.
- Community readiness to partner and act for change.
- Existing local, state and federal levels of funding, so that this is coordinated and ensures that services are located where they are needed, rather than concentrated in certain areas and lacking in others.

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

6.2 Organisations can show that we understand, and are genuinely responsive to community needs through:

- Identifying community needs using quality local data. This data should include both output and outcomes data, ideally over time (longitudinally) to understand the impact of services. It should also provide a comparison with national averages, where possible.
- Showing the alignment between our activities and identified needs.
- Describing how we work together with the community and people with lived experience to find solutions that respond to specific needs. This demonstrates that organisations respect the rights of children, young people, and families to have their

voices heard in decisions that impact them. We could demonstrate this through letters of support and testimonials from within the community.

- Demonstrating clear evidence of uptake and impact. Ideally organisations would be able to provide different types of evidence, for example through evaluation results, good news stories or case studies, and feedback from families and other services. Organisations should also align achieved outcomes with government priorities (e.g. DSS outcomes framework, Closing the Gap targets).

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

7.1 This question is better answered by Aboriginal and Torres Strait Islander-led organisations.

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

7.2 We need to view healing as holistic and therefore requiring a culturally appropriate model of care that reflects the importance of law, language, ceremony, kinship, and place.

7.3 Both ACCOs and non-Aboriginal-led organisations must take responsibility for improving outcomes for Aboriginal and Torres Strait Islander children and families. The Department has a role in facilitating this through equipping and resourcing.

7.4 It is important that the program design for a new program for families and children includes:

- Co-designing programs with Aboriginal and Torres Strait Islander communities from the start.
- Embedding cultural governance and leadership.
- Supporting community-controlled organisations to lead service provision.
- Offering flexible service models that adapt to community rhythms and needs.
- Cultural safety and competence.
- Trauma-informed practices and strengths-based healing approaches that address deep needs, rather than surface-level symptoms.
- Culturally relevant and transparent data use, evaluation and accountability, including:
* Sharing data ownership with communities and respecting Indigenous data sovereignty
* Building First Nations' data and evaluation capacity, including hiring Indigenous evaluators
* Using local data to track progress and adapt services.
- Ability to financially compensate subject matter experts.

- Alignment with Closing the Gap targets, cultural frameworks and community-defined outcomes.

7.5 We cannot overstate the importance of choice, particularly for members of the community who have experienced trauma. This is especially true where safety is an added concern, as with what are currently known as Specialised Family Violence Services.

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

8.1 Access to the following types of data would be of great benefit:
- Nationally consistent quantitative and qualitative data that align with Australian government funding and policy frameworks.
- Mapping of service gaps and overlaps so we can best address community needs and understand service accessibility, relevance, and cultural appropriateness.
- Longitudinal and population level data so we can see the long-term impact of services within the community.

8.2 There is a need for further data and evaluation capacity building within the children and families' sector. This would support service providers to collect, interpret and use meaningful data for decision making, service improvement and continuous learning. Evaluation also needs to be built into funding agreements to ensure adequate resources are allocated to improve data literacy and use of evidence, without pulling staff away from service delivery.

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?

8.3 The Salvation Army believes that our own outcomes measurement data would be of great value to the Department. We appreciate the DSS Data Exchange aims to provide nationally comparable data across the various funding streams the Department administers, particularly the potential of identifying service gaps. However, more flexibility and autonomy for service providers with established outcomes measurement and evaluation teams could provide the Department with better insights into the outcomes of the programs we deliver.

8.4 This includes flexibility to choose culturally appropriate and fit-for-purpose outcome measures that are quick, easy to use, and seamlessly integrated into administrative processes.

8.5 We also appreciated the ability under the former Family Support Program Performance Framework to measure immediate and intermediate outcomes through surveying a representative sample of community members. Although this did not produce large amounts of data, the quality of feedback was more useful and the staff

and community members more invested as they saw the value in the exercise. This shows the benefit of measuring outcomes in a way that supports the development of evidence-informed practice to produce outcomes.

8.6 We also believe that lived experience voices and feedback from children, young people, and parents and caregivers would also add depth to the quantitative data we provide. This could include case studies, testimonials and stories of change, feedback from surveys, interviews, focus groups, and evidence of community-led adaptations.

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

8.7 The Salvation Army believes significant changes are needed before SCORE can be reliably used as an outcomes reporting tool. The primary issue is that outcomes data is currently attached to sessions rather than cases or service users. As part of our own outcomes measurement framework, we conduct follow-up surveys, sometimes months after the final service delivery session, which cannot be reported under SCORE. This makes it difficult to upload a pre- and post-survey for a significant proportion of community members, and for SCORE to obtain and measure outcomes at both the individual and community level. The experience of our outcomes measurement team is that a single reflective survey conducted at an appropriate point in a community member's engagement would better demonstrate impact. Any performance measurement mechanism also needs to provide for qualitative, as well as quantitative data.

8.8 The Salvation Army has reservations about the efficacy of SCORE to measure and demonstrate performance. The Data Exchange does not adequately reflect the complexity of a Communities for Children (CfC) site, where quantity is not a good proxy measure for quality. Ideally CfC sites would report against their own strategic plan and related program logic. This would give meaning and purpose to our reports and mean that the data we collect are more responsive and relevant to the communities we serve.

8.9 It is also challenging to capture outcomes for community development activities where we may only have a few brief interactions with families. Though it is useful to know how many of these interactions result in ongoing service engagement, this must be balanced with the cost of obtaining this data.

8.10 SCORE could also present a particular challenge for soft-entry programs, which play an important role in engaging families who may be hesitant about engaging with services and providing an important entry point to more specialised services. Requiring pre-engagement assessments jeopardises families' willingness to engage. Additionally, requiring families to complete frequent outcomes surveys, which can add 20 minutes to a session, could unintentionally deter them from engaging.

8.11 In line with our recommendations about the importance of community, we suggest that community members could have a role in shaping the data collection and overall outcomes of programs. This is especially true where communities have been involved in co-design. Funding bodies currently dictate most data collection components (for example, what should be collected and when, and how it should be reported). We suggest that communities and service providers could provide valuable feedback to government, for example where the level and nature of prescribed data collection would reduce the efficacy of the program itself. The ability to incorporate this type of input would be the first step in creating a relevant, useful and informative set of data that supports continuous improvement for both service delivery and policy development.

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

8.12 Teams within The Salvation Army have found the following templates or guidance useful when writing up case studies:
- Writing with the aim to walk the reader through the community member's journey – their background prior to engagement, any complex needs, the actions we and others took, and the results.
- Most Significant Change (MSC) technique. We have had good feedback from frontline staff who have received MSC training on interview techniques and writing up a case study. It is a quick and effective method for collecting qualitative data.
- Case Study Structure Template. This template is nationally consistent, with clear sections for context, the community member's journey, intervention, outcomes, and reflections. The template also includes prompts for including both service data and personal narrative (with consent).
- Outcome Mapping Template. A simple framework to link activities to short-, medium-, and long-term outcomes.
- Data Integration Guide. This guide includes tips on how to incorporate service usage data, pre and post assessments, and community indicators (for example, Australian Early Development Census (AEDC) data and child protection rates) into case studies.

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

9.1 The approach across many of our services, including Communities for Children, Pathway of Hope and Children and Parenting Support, is relational in nature. Our experience is that a relational contracting approach needs to:
- Be grounded in trust, shared purpose, and mutual accountability.
- Recognise that achieving long-term outcomes for children and families requires

flexibility, collaboration, and a deep understanding of community context. We need to be able to adapt services in response to emerging needs and data insights.
- Involve regular, open communication between funders and providers.
- Provide for co-design and co-evaluation – that is, all partners working together to shape programs, indicators and learning processes.
- Leave room for transparent learning and evaluation, with a shared responsibility for data collection, analysis and reflection.
- Have a shared outcomes framework that includes clearly defined, co-developed outcomes aligned with national priorities, with flexibility to tailor indicators to the local context.

9.2 For this to happen, funding agreement managers need to have the time and space to build and maintain a deep understanding of the organisations and programs they manage, and the ability to influence decisions. This would be assisted by greater stability in our funding agreement managers and more national consistency in how grants are managed.

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

9.3 We believe the Department would want to look for:
- Value alignment
- Experience managing government grants
- Proven record of including lived experience voices and community input in planning
- Experience in responding to changing circumstances
- Evidence of impact and continuous improvement, backed by a solid evidence base
- Community trust and locally embedded initiatives

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

9.4 A relational contacting approach could enhance our ability to meet the policy intent of the programs we deliver. We look forward to seeing in greater detail what a relational contract with the Department could involve.

Case Study: Relational Contracting
The Salvation Army received funding from a state government department to expand family violence support services to a regional area with a high First Nations population. The funding was for a 12 month period, with the understanding that funding would then go to an Aboriginal Community-Controlled Organisation.
We started conversations with the department at least 6 months before the start date to identify the goals of both the department and The Salvation Army for the program,

including key performance indicators and realistic expectations for a short-term contract. These conversations set the tone of the contract, with openness and understanding on both sides.

The Salvation Army identified the need for relational engagement with communities, recognising that communities are the experts in what has already been working to support women and children. We then worked with the department to develop the service delivery model and key performance indicators, with an understanding that these would be flexible and adaptable to community needs.

Through the life of the contract, we have continued having monthly update meetings with the department. They provide an opportunity for us to discuss changes to the agreed service delivery model that might help us better achieve our shared goals, and for the department to provide any information and connections that could also be helpful. We are about halfway through the contract period and these connections have enabled us to support families and to engage the wider community through community and education sessions.

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

11.1 The Salvation Army appreciates the work that has been done to meet the requests of the community sector, including longer funding agreements and more streamlined reporting. We continue to emphasise the importance of ensuring that grants cover the full cost of service delivery, including indirect costs and a fair proportion of shared costs. Delivering outcomes, as opposed to outputs, requires significant investment in staff and volunteer training and management, trauma-informed practice, sensitive yet thorough data collection, robust evaluation and continuous improvement (amongst other things).

11.2 This submission has been developed with input from our DSS-funded services and other relevant areas across The Salvation Army, including our Communities for Children Facilitating Partners, Children and Parenting Support services, Aboriginal and Torres Strait Islander team, Family Violence stream and Research and Outcome Measurement team.

11.3 The Salvation Army notes that proper consultation and change management take time and it is particularly important to take a trauma-informed approach where people with lived experience of trauma are involved.

Recommendation 1
11.4 The Salvation Army recommends that DSS further extends grant agreements under the affected 5 services to 31 January 2028 to allow a thorough and trauma-informed change management process and warm handovers to new providers.

11.5 Should a delay to the timeframe not be possible, The Salvation Army recommends that the Department prioritise the recommendations below.

Recommendation 2
11.6 The Salvation Army recommends that DSS ensure that strengths-based and inclusive language is used. This includes amending the outcomes to be inclusive of families with no children or no children presently in their care.

Recommendation 3
11.7 The Salvation Army recommends that DSS recognise the important role that community plays in supporting families and children by:
- Including a community-focussed outcome
- Including a fourth stream that explicitly recognises the work of investing in communities
- Investing in spaces for all families and children to connect with their community and access the support they need

Recommendation 4
11.8 The Salvation Army recommends that DSS include the following groups of people as priority cohorts:
- Children and young people of all ages
- Culturally and linguistically diverse communities, including refugee families
- Children as victim-survivors of family and domestic violence in their own right
- Children and families living with a disability
- Fathers and other male carers.