

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

We commend DSS on the Department's efforts to articulate a vision for children and families. We appreciate the complexity in bringing together a wide range of services and ambitions into a singular focus point.

However, we believe that the vision does not adequately reflect the importance of relationships, communities and connection which should underpin our ambition for children and families.

Strong relationships between children, families, caregivers and communities provide a foundation for success and enable children to thrive. These relationships also reduce the subsequent need for more intensive forms of support, such as child protection, and allow families to remain together.

"Strong families who have the skills and confidence" to nurture children require a broader village and community who enable them to be successful. The 2025 Uniting Families Report explored the role and importance of a village that provides emotional support, cultural connection and a sense of belonging. Raising children is a shared effort and mutual structures built on support and trust are critical in enabling "strong families".

This is particularly important for recognising the role of community involvement within First Nations communities where caregiving responsibilities are shared among broader families and communities. We refer to the work of the Lowitja Institute in developing a model for social and emotional wellbeing among First Nations communities which specifically identifies the importance of connections between self, families, community and ancestors.

Recommendation:

- That the vision include reference to the broader community who enable strong families.
 - o For example: All children and young people are supported by strong families and communities who have the skills and confidence to nurture them.

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.

We note that the two main outcomes provided are focused on individual characteristics of children and their parents and caregivers ("healthy" and "resilient") which, similar to the above, does not recognise the value of relationships, communities and connections. The individualised nature of the outcome areas limits their ambition and we believe should be expanded to specifically reflect the importance of emotional, social and psychosocial health,

and secure relationships with others.

Children grow in the context of their family ecosystem and broader community.

Their needs and experiences cannot be separated from the environment in which they are raised. Recognising and prioritising the role of relationships within families and communities contributes to “healthy” and “resilient” children.

We also believe that a focus on parents and caregivers does not recognise the diversity of families and family types across communities. For example, the role of multi-generational households and shared caring responsibilities whereby other family members are not formally recognised as parents or caregivers but hold an important role in supporting children to grow and thrive.

Recommendation

- That the outcome areas include reference to the role of connection and relationships in supporting children to thrive, and reflects the diversity of families by adopting a more inclusive definition of parents and caregivers.
 - o For example: Parents and caregivers are empowered to raise healthy, resilient and connected children who have strong relationships within their families and communities. Children are supported to grow into healthy, resilient and connected adults with strong relationships within their families and communities.

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

Yes, we believe that a single national program will provide more flexibility for our organisation. As a provider of a diverse range of services across the existing funding streams, we are required to manage a significant number of agreements which would be simplified through the proposed structure.

We also believe that the proposed structure will enable improved productivity within the community services sector through more streamlined approaches and reducing the administrative burden. We appreciate the work undertaken by DSS to respond to ongoing feedback which has consistently highlighted the need for reform in this area.

It is also important to recognise that smaller services with only one program are also burdened by administrative reporting. Consolidating or simplifying administrative reporting for providers with multiple service streams will benefit larger providers with a diverse range of supports. These reforms must also consider how the burden on smaller providers can be simplified and addressed.

Market stewardship and governance

We welcome the proposed structure to provide more flexibility to enable providers to adapt their services to meet community needs. This will allow providers to redeploy resources according to demand, refine and shape services, and reflect ever changing community dynamics.

We are concerned that the Discussion Paper does not reference the role of DSS as a market steward and the need to ensure a balance of services, and particularly the absence of reference to clinical services. We believe that without oversight and governance, there is an inherent risk that providers shift towards particular service types, for example group parenting programs, which can be delivered at a larger scale than individualised supports.

Flexibility must not result in duplication or a drift towards certain service types at the expense of others. We would also appreciate more information on how DSS will enable providers to scale up more expensive service types as community needs change. For example, if there is a demonstrated community need for clinical or one to one services, which are more expensive, if providers will be expected to provide these within their funding package which may have been premised on less expensive service types.

We would also appreciate more information on system level governance and oversight of service diversity within the broader program. We believe that DSS has a responsibility as funder of the program to ensure an appropriate balance of supports and avoid inadvertent duplication.

Recommendation:

- That the Department provide more information on their strategy for market stewardship, governance and oversight of the diversity of service types within the broader funding program.

Role of counselling and relationship services

The role of counselling and family support services is not reflected in the Discussion Paper which represents a significant gap and risk within the new proposed approach. Counselling services which are currently funded in the existing program structure are essential in providing access to relationship supports which are otherwise only available through private practice, at a cost which is inaccessible for many vulnerable children and families. There is currently no other grant program which provides access to these services at no-cost to those who need it most. Further, Medicare rebates for private practice are targeted at individuals, not couples or family groups which represents a significant service gap.

The loss of counselling and relationship services would have subsequent “downstream” implications for more acute and intensive supports and conflict with the intent of the program to invest in prevention activities.

We note that the Evidence Paper recognises the three principles to improve outcomes for children and families including “support responsive relationships for children and adults” and “strengthen core skills for planning, adapting and achieving goals”. We question why this appears to be limited to the early years

without consideration of the needs of children in later childhood and adolescence. The evidence is clear that clinical and individualised supports across childhood, adolescence and adulthood are fundamental to enabling parents, caregivers and families to develop the responsive relationships that are needed to achieve the vision statement and outcome areas.

We also note that the focus appears to be developing strong relationships specifically between children, parents and caregivers. This neglects the importance of relationships between parents and caregivers, as well as the broader family.

Many of the children and families who are supported by our counselling and mediation programs require targeted clinical support to rebuild relationships and address underlying needs. A focus on behaviour and symptoms fails to account for the importance of strong, responsive and trauma informed relationships. Our services report that a breakdown in relationships within families can contribute to subsequent child protection involvement. These services are a critical resource in reducing risk factors and increasing protective factors which reduce the need for acute and crisis intervention.

We refer DSS to the Keeping kids safe and well report from the Australian Human Rights Commission (2021) which highlights the importance of accessible community counselling services. In particular, we note that counselling and relationship services provide an alternative to mental health supports, particularly when mental health services are inaccessible or unavailable for children, young people or families. They also provide a low-cost alternative to more intensive forms of support across the lifespan, beyond the early years. The whole-of-family approach adopted by counselling and relationship services provides a wrap-around approach which uplifts all members of the family. The evidence is clear that counselling and relationship services play an important role in supporting the wellbeing of the community, particularly for those with complex and challenging needs.

For many children and young people, relationship and counselling services provide critical skills and information to identify and respond to indicators of coercive control and relationship violence. This is particularly important for children and young people with an adverse childhood experience of domestic and relationship violence within their family or community. This information and ability to recognise flags for relationship abuse provide long-term benefits which extend across the lifetime.

These services are also considerably more costly for providers in contrast to other service types as a consequence of their complexity and one to one delivery model. However, they also have demonstrated success in diverting families from more intensive forms of support and other service systems including child protection,

health and mental health, and juvenile justice. We are concerned that there is an inherent risk that the flexibility proposed within the new structure will result in a loss of these services and will threaten the success of the programs, as well as denying vulnerable children and families access to the supports they need to thrive.

The focus on children, young people and families is important and represents the opportunity to influence the future of Australia's children. However, there is a lack of recognition about the importance of counselling services for couples and families without children including those with relationship difficulties, workplace bullying, depression and anxiety after relationship breakdowns. As discussed further within this paper, a focus on early childhood risks excluding vulnerable cohorts requiring support.

We believe that there must be allocated funds for counselling services for children across their entire childhood and adolescence as well as relationship counselling to support couples and families. Investment in relationship services provides a strong basis for future parents through providing support to develop strong, healthy relationships which will carry into their future parenting experience. This acts as another form of intervention, even prior to the birth of a child.

Recommendation:

- That the program structure includes specific reference to the role of relationship services across the lifespan and recognise these services as a form of early intervention.

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?

Yes, our services fit into two of the funding streams (prevention and early intervention, and intensive family supports) and could be expanded into the first (national information). We believe that they broadly reflect the needs of children and families in communities and what they might need in the future. We refer to our comments above in relation to the lack of recognition for some types of community supports. In particular, the importance of relationship services which underpin the success of streams two and three.

Should relationship and counselling services be deprioritised under the new structure, this would create a service gap and result in unmet need among older children, families and communities. The absence of other funded programs would mean that the only alternative for vulnerable groups would be pursuing private services which are unaffordable for many families.

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

The social services sector has been facing ongoing funding challenges, particularly in the context of continually increasing community need. Reducing the administrative burden for providers, increasing flexibility and enhancing productivity will provide scope for providers to use current funding amounts more flexibly but will not be enough to address continual funding shortages in the sector more broadly.

The new program also represents an opportunity to evaluate the pricing structure and provide the sector with more transparency on how funding decisions are made. In particular, we believe that more information is needed on how DSS undertakes pricing decisions which have flow-on implications for providers on the front line. An ongoing mismatch between pricing decisions and frontline services has challenged the ability of providers to deliver services which meet community demand.

We also urge DSS to not remove funding from services which have a strong evidence basis, demonstrated history of impact and deep relationships within communities. The abrupt exit of services would create a significant gap which risks the wellbeing of children, young people and families.

Recommendation:

- That the Australian Government commit to appropriate indexation within funding for the social services sector and recognise the need to ensure that funding is proportionate to need.

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

Yes we agree with the four priority areas and have provided comment on specific areas further within this response.

We note that the Discussion Paper identifies areas which intersect with the role and responsibility of state governments, particularly related to children and families at risk of engagement with child protection. We believe that this represents both an opportunity and risk.

The opportunity for complementary, not conflicting services
DSS could integrate services which support the holistic wellbeing of children and families, separate from the role of state governments who have statutory responsibilities related to child protection. This could result in a more cohesive approach whereby programs are funded flexibly to provide supports which complement those provided by state governments under their legislative responsibilities (which can create limitations in service delivery). This could result

in a more effective social services system whereby families have access to a range of intersecting supports both within and outside of formal child protection programs.

However, there is also a risk of duplication and additional complexity if this is not enacted strategically and thoughtfully. Funding for similar services within communities may result in barriers to support by increasing the challenges for families attempting to navigate supports and systems. It is important that the new program structure is underpinned by market scanning and an understanding of existing funded services within communities.

We would welcome investment in child, family and community hubs which provide an important resource for allowing families to access services in places and spaces that they already attend. The wrap-around nature of these hubs allows children, young people and families to receive the supports they need through a no-wrong-door approach, supported by soft referrals and shared planning.

It is also critical that the program complements ongoing reforms within child protection systems, such as the current reforms within NSW child protection. We are aware from Townhalls held by DSS that there are current negotiations between DSS and their equivalent state and territory services. We recognise the importance and value of this work and urge this to be an ongoing practice within the cycle of the funding program.

Recommendation:

- That DSS continue to engage with states and territories to ensure that the interaction between state and territory child protection systems are complemented by federally based programs.

Aboriginal Community Controlled Organisations

We support the ambition to increase the size and scale of the ACCO sector. We also believe that there must also be recognition of the need to invest in capacity building to uplift the capability of services. Investment in growth without investment in quality would be short-sighted. The mechanisms for capacity building are discussed later within this paper however we believe that the importance of capacity building should also be included in the priority areas.

Recommendation:

- That DSS include reference to the importance of capacity building in building a strong, independent and First Nations led ACCO sector.
 - o For example: Improve outcomes for First Nations children and families by increasing the number and capacity of Aboriginal and Torres Strait Islander community-controlled organisations (also called ACCOs) delivering supports in locations with high First Nations populations.

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?

The proposed focus areas are welcome but we believe are too limited in their approach.

The focus on children aged 0-5 contributes to the broader service gap for primary and secondary school aged children. While the first 2000 days are essential, need can develop at any point in life. Adverse childhood experiences can occur throughout childhood and adolescence and result in increased need for support and services.

Children and young people aged 6-25 are also experiencing higher rates of mental ill health and distress and there is an increasing need for support among these age groups.

As previously discussed, we are concerned that the focus on children, young people and families risks excluding other cohorts with increased need, particularly those who already receive services from existing programs. This includes adult Australians who require support in managing challenging relationships such as end-of-life care and planning for elderly relatives, older couples who require relationship support and women leaving situations of domestic or family violence. These are cohorts who may be unable to afford private counselling supports, resulting in a significant service gap which would be unable to be met by other service systems.

We believe it would be more appropriate to adopt a whole of life approach which extends beyond the early years and recognises that need for support can change over time. There is a risk that groups experiencing complexity and disadvantage are “left out” by design.

There is also a risk for the “missing middle”, between the ages of 6-18 who sit between universal service systems and intensive supports. This group has higher needs which cannot be met by universal services but are not yet at the acuity to require crisis support. This cohort must be considered as priority in their own right as they provide an opportunity for interventions which reduce the need for crisis supports later in the lifespan. Failing to address this group will result in continual demand for more acute and intensive supports.

Recommendation:

- That DSS recognise the importance of services which also address the needs of children and young people in older age groups (above five years) and the importance of targeted support for the missing middle who require more intensive supports than can be provided through universal systems.

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

We endorse the recommendation to establish connected, co-located and integrated services. These approaches allow families and providers to work more effectively, reducing the navigational burden for families and enable a whole-of-family approach to service delivery.

The concept of connected, co-located and integrated services should be considered flexibly to ensure that providers are able to deliver services which meet the needs of communities. For example, in regional and remote communities the infrastructure is not present to facilitate physical co-location and the geographic spread of children and families may mean that this would not be an appropriate model of care.

Technological and digital integrated solutions are an effective mechanism for ensuring that children and families can access services in a manner that meets their needs. Our Village Connect service (case study below) demonstrates the potential for bringing together both the physical presence of services and digital supports.

Relationships between service providers are essential for supporting children and families to access services. These relationships can assist in ensuring continuity of care, reducing the need for families to seek information independently and repeat their story to multiple providers. This can range from informal referral pathway to information sharing (with consent) and multidisciplinary planning across services. The exact nature of provider relationships vary on the specific community and service footprint.

The engagement between services is not always governed by formal agreements but are managed informally and within communities. Currently this relationship building at an individual community level is unfunded and poorly recognised within grant agreements. The responsibility for establishing and maintaining these relationships sits with providers without recognition of the additional workload that this creates, despite the extensive benefits for children and families.

These relationships are also generally held by services with a strong history and deep connections with the community they serve. For example, our Family Relationship Centre within Fairfield (Sydney, NSW) has an extensive understanding of the availability of services within the area, can provide warm referrals to services which meet the specific needs of families and engage in multidisciplinary planning to enable children and families to thrive. This knowledge is built over years of consistent, intentional and strategic engagement. It cannot be replicated in weeks or months.

Karitane (with Uniting NSW.ACT and Sonder): Village Connect

This hub offers parent education, group programs, and support for parents aged 25 and under who are pregnant or have a child in Southwest Sydney. Parents can access this free service in-person or virtually.

Village Connect combines child and family health services, key workers, and a variety of resources to ensure parents get the support they need, when they need it. Alongside in-person and virtual services, parents have 24/7 access to confidential medical, safety, and mental health support through the Sonder app. The service can coordinate care not just within the healthcare system, but also across essential areas like education, social services, financial resources, recreation, and transportation to support parents.

It also includes free courses, webinars, and events to support parents in the first 2,000 days of their child's life. This includes practical tips and evidence-based strategies from experts as well as programs such as playgroups and parenting support. These playgroups provide access to nurses, educators, OTs, speech pathologists and key workers in a supportive group setting. Parents can receive advice and recommendations on supporting their child's development and wellbeing in an accessible location.

Uniting has partnered with Karitane and Sonder to deliver Village Connect and have seen the meaningful and ongoing benefits that it has delivered for young parents in Southwest Sydney. It provides a model for how child, family and community hubs can be delivered flexibly through physical and online supports which enable children and families to engage in a manner which is most accessible for them, rather than prescribing particular forms of participation. The service has engaged with over 575 families since it commenced in February 2023. We would welcome the opportunity to provide our insights into Village Connect to DSS.

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?

We believe that there could be a range of options to demonstrate that a service is connected to the community that it serves. This could include:

- Structured and unstructured community feedback processes such as lived experience consultations, advisory groups and regular opportunities for children and families to provide feedback in a variety of formats. This could also include the actions taken to respond to this feedback such as changes to service delivery following recommendations from an advisory group.
- Evidence of strategies to understand and reflect the needs of children, families and communities. This could include ensuring a diversity among staff (particularly in culturally and linguistically diverse and First Nations communities) or engaging with community groups and forums.

- Client voice and stories which reflect their experience with a provider and demonstrate the ability of the provider to meet the needs of both the community and participants.
- Letters of support or feedback from other community groups or providers to demonstrate deep understanding of community resources and effective relationships which could include range from soft referral processes, shared planning or formal partnerships.

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

We agree with the indicators provided in the Discussion Paper which provide a strong basis for identifying needs of communities. Other considerations may include:

- Areas with higher interactions between police, juvenile justice and children and young people which demonstrates a need for wrap-around services to address the circumstances which are contributing to higher rates of interaction between children, young people and the justice system.
- Areas with higher rates of domestic and family violence (noting the limitations in data collection) which demonstrates a need for intensive supports to ensure the safety and wellbeing of children, young people and families.
- Areas with lower school attendance rates which demonstrates the need for support for children and young people to engage with the education system and address underlying barriers to participation.

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

We believe that this should be achieved through qualitative evidence including the suggestions provided in the previous answer.

We also encourage the Department to consider who decides or contributes to the concept of “community needs” and the importance of recognising those who may sit outside or be removed from service systems. Participation in community engagement can be challenging for families most at need of services without the capacity or resources to contribute to community decision making.

This emphasises the importance of funded outreach services which can meet children, young people and families where they are. Understanding the needs of communities requires that services have appropriate resourcing to reach those experiencing significant complexity and who have limited capacity to source their own services.

Some children, young people and families need support to understand their own

needs and the services available to support them. Funding for community relationship building to establish informal and word-of-mouth pathways to support is essential for developing an understanding of community need. The current focus on direct service delivery means that these activities must be undertaken by services outside of the program funding.

We also would appreciate more information from DSS relating to the role of the Australian Government in understanding and communicating community needs. If the expectation is for providers to undertake mapping and research relating to community needs and service gaps, this will need to be a funded activity particularly for smaller providers with less capacity to engage in non-direct service delivery activities.

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

ACCOs must have support to shape and participate in grant processes. Smaller or newer ACCOs may not have access to the same resources as larger ACCOs or other service providers. To deliver equity of opportunity, DSS must engage directly with ACCOs and ensure genuine shared decision making at all stages of the grant process.

A more flexible approach to outcomes measures should include a focus on culturally appropriate and Aboriginal-led forms of research, models of work and outcomes measurements. This includes recognising the diversity of ACCO metrics and outcomes which are appropriate for the communities in which services are delivered. These should be held with the same regard as Western models of outcomes measurements. This should also include encouragement and training for non-ACCO NGOs to learn from Aboriginal-led and determined forms of outcome measurements.

Increasing funding opportunities for ACCOS is overdue as is providing support for ACCOS where needed to complete funding applications. This support should be available and seen as an opt-in space, and ACCOs should lead this based on their community needs and their lived experience in how to meet these needs.

Increased funding and programs also come with the need to increase staffing at times, which may take time. Further it should include recognition of appropriate time frames for outcomes are in place to account for growth and service delivery amendments.

There are also opportunities to facilitate capacity building within the social services sector through peer capacity building whereby larger or more experienced providers (ACCO and non-ACCO) work in partnership with ACCOs to share knowledge, resources and insights. This approach at a grassroots and community level has practical benefits for ACCOs and non-ACCO providers (where

appropriate) by strengthening the local service offerings and increasing self-determination for First Nations families.

This can include opportunities for ACCO staff to attend training delivered by another provider, formal and informal paid mentoring opportunities and cross-organisation secondments whereby staff from a different provider deliver support from within the ACCO. It also allows a non-ACCO partner provider to build cultural understanding and safety to improve their own service delivery.

This partnership capacity building model should involve a strategic “step-down” whereby ACCOs are empowered to deliver services without the assistance of another provider. This builds self-governance, self-determination and enables ACCOs to deliver services more effectively within their communities. We have provided a case study of our work with Goodradigbee as an example of how this can be delivered.

This approach should be appropriately funded and resourced to facilitate peer-learning and not just top-down or formal learning. Designated grant programs and specific capacity building within ACCO grant agreements could form part of this structure.

Recommendation:

- That DSS include funding for training and capacity building supports for ACCOs, recognise the role of Aboriginal-led forms of research and respect the importance of First Nations data sovereignty.

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

We note that the Discussion Paper does not reference the importance of self-determination for First Nations families, including the role of self-determination in choosing service providers. This requires that ACCOs are appropriately funded and have access to the business resources available to other NGOs including training, client management systems, cars and travel resources and capacity building. This is critical for building fairness within the non-government sector which allows ACCOs to thrive and provides genuine choice for First Nations children and families.

We note that training in particular can be a significant expense for ACCOs which is often unfunded. The lack of support for training and capacity building activities prevents ACCOs from expanding and enhancing their supports and places services at a disadvantage, particularly in contrast to larger service providers. Capacity building supports are discussed further in our next answer.

We also note that the Discussion Paper does not explore the need for cultural safety within non-ACCO NGOs. The ACCO sector does not currently have the capacity to provide services to all First Nations children, young people and families

who are therefore required to engage with non-ACCO services. Investment in culturally safe service delivery must also include requiring that non-ACCO NGOs take steps to increase their awareness and understanding of the specific needs of First Nations children, young people and families. These providers must also consider their role in creating culturally safe environments which allow First Nations communities to access the supports they need.

This should include recognition of the history of systemic racism including the ongoing impact of the Stolen Generation for First Nations children, young people and families when interacting with service systems.

Recommendation:

- That DSS recognise the importance of self-determination for First Nations children, young people and families when accessing services and supports and recognise the need to uplift the cultural safety of non-ACCO NGOs.

As discussed previously, we believe that capacity building funding and peer learning opportunities should be built into the grant agreement.

Wrap around service models, which have been identified as best practice for best outcomes should be central to service delivery as they provide one-stop approach to family needs. ACCOS that have access to Aboriginal Medical Service and specialised services can potentially provide increased outcomes as families can internally be referred, which provides soft entry points. This generally allows families feel more comfortable because they know the service and might have seen the workers within the community. This is in comparison to cold referral-based situations, which can create fear and uncertainty for families.

Access to social and emotional well-being services (mental health, counselling, speech and OT) is often a source of tension due to the cost involved and long wait periods. This has a subsequent impact for both parents and caregivers and their empowerment in raising healthy, resilient children and more broadly, for children to be supported to grow into healthy and resilient adults This is particularly important for regional areas where providers may be more limited and where services may be provided by non-First Nations providers/professionals where cultural safety may not be a priority or experienced.

It is imperative that when measuring outcomes specific to First Nations communities, First Nations governance and sovereignty is respected. First Nations peoples have the right to own and control how data relating to their communities is collected, stored, accessed, and used. Indigenous data refers to any information or knowledge that is about, or may impact, First Nations individuals or communities. First Nations data sovereignty and governance is imperative to supporting First Nations' peoples right to self-determination. This is because in order to support communities and make informed decisions, First Nations peoples

need to be able to access accessible and relevant data about their community.

Goodradigbee and Uniting

In March 2021, Uniting entered into a partnership agreement with Goodradigbee, an ACCO in Western and Southwestern Sydney. The intention of the partnership was to support the transition of First Nations children in Uniting's out-of-home-care services to an ACCO this included:

- Application and preparation: Establishing a partnership agreement, business plan and organisational structure, as well as employing a Transition Manager.
- Transition: Addressing board governance, IT assessment, record-keeping, communication strategies and preparing for accreditation.
- Establishment: Implementing business and IT software, developing policies and procedures, engaging with carers and res-establishing a Steering Committee with a First Nations Chair.
- Ongoing Establishment and Accreditation: Fostering employee connections, reviewing systems, engaging with the Office of the Children's Guardian and workforce transition planning. This included sharing resources and tools including policies, client recording systems, and carer transfer assessments as well as physical resources such as vehicles, mobile phones, and computers. Additionally, Uniting Aboriginal staff joined Goodradigbee, strengthening the organisation's workforce with community knowledge and continuity of care.

The partnership was guided by a First Nations Partnership Framework, based on three key principles: "Start Strong," which focuses on building relationships grounded in trust, communication, and alignment with Uniting's values; "Show Up," which involves investing time in relationships, being flexible, and prioritising mutuality; and "Always Learn," which emphasises continuous learning, reflecting on practices, and adapting governance processes.

To date, Uniting has transitioned 28 children and their foster carers to Goodradigbee, reflecting the potential for peer capacity building to build self-determination and capacity within the ACCO sector.

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

We believe that quantitative data can provide insights about the broad impact of a service but that quantitative data tells a story about outcomes experienced by children, young people and families.

Qualitative data is one of the most important tools for understanding the impact of services. This can be achieved through a variety of mechanisms including feedback, community consultation and client journey mapping. Where quantitative data is used, it should be relevant to the service and reflect the

targeted outcomes.

As an organisation we are committed to continuous improvement through establishing feedback mechanisms, leadership from staff members with lived experience and advisory groups with experience engaging with service systems. These enable us to critically reflect on our services and evaluate if they are meeting community need.

This is currently unfunded and there is a lack of supports for services to undertake reflective activity which underpins continuous improvement. Funding for reflective practice, evaluation and review should be integrated into service agreements which would require funding for non-direct service-related activities.

Reflection and evaluation does not need to be academic or prescribed but should be undertaken in a way that best meets the needs of communities. This may look different for culturally and linguistically diverse, First Nations, regional and remote communities.

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?

In addition to standardised outcomes like DEX SCORE, qualitative data is central to understanding the impact of service which provides a more holistic understanding than quantitative data alone.

We believe that it is important to recognise the complexity of some of the most vulnerable children, young people and families who are supported by programs funded by DSS. This cohort experiences multiple intersecting forms of disadvantage across areas such as unmet disability related needs, poor mental health, housing instability, withdrawal from education and contact with child protection systems. Negative interactions with previous services, particularly for First Nations families where culturally safe and responsive services are not available, can also create barriers to service delivery.

The capacity of service providers to address these intersecting and complex needs is limited. While providers can deliver wrap-around supports, work collaboratively through multidisciplinary teams and engage meaningfully with families, the challenges facing children, young people and families may be beyond the capacity of providers to resolve directly.

The use of tools include risk screening and assessments, and wellbeing measurements can be a resource for considering progress in the broader context of the challenges that children, young people and families. This could include identifying where protective factors have increased and where risk factors have decreased. Addressing protective and risk factors can have a significant and long-term impact on the wellbeing of children, young people and families. However, in utilising these tools it is important that these are culturally safe, particularly for

First Nations communities.

Trusted relationships with the service provider and individual practitioners are also an important indicator of impact which allow children, young people and their carers to feel listened to, valued and understood in their interactions with service providers. Where children, young people and their carers feel safe, accepted and cared for, they are able to meaningfully engage with services. This is not easily tracked or measured but underpins the success of service delivery.

Recommendation:

- That the program includes specific reference to evaluation to ensure that services are meeting the needs of children, young people and families.
- That the program utilises both qualitative and quantitative outcomes data including tools which measure client voice, relational outcomes and changes in risk and protective factors.

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

Our organisation uses DEC in reporting outcomes. We believe that Family Functioning is the most relevant measure, noting that the diversity of programs may mean that it is not appropriate for all services.

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

Templates and guidance could include examples of case studies, proposed structures for storytelling, advice on managing client confidentiality and privacy, and training for engaging with children, young people and families to tell their stories in a way that is trauma-informed, culturally safe and respectful. We encourage DSS to work collaboratively with the sector to ensure that qualitative data collection is undertaken and managed in a way that upholds the dignity and rights of children, young people and families. Case studies, stories and client journeys should only be documented and shared with informed consent, data privacy and protection systems and the ability of participants to withdraw their consent at any time.

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

Relational contracting remains an underutilised approach across Australia and we welcome the work of DSS to embed relational contracting in future grant programs. As this is proposed as a pilot, we encourage government to invest in building capability in formal relational contracting – both within government procurement

teams and service delivery organisations – and engaging in ongoing learning, evaluation and improvement around the process. It is important that in developing and establishing formal relational contracts, communities/clients are involved in the development of the proposed outcomes.

Five elements are required to set the pilot up for success:

- Government capability: Train government contract commissioning and management teams on formal relational contracting and how to work differently with service providers.
- Service provider capability: Train service providers on formal relational contracting, and enable sharing of lessons across providers.
- Public accountability and oversight: Involve the Department of Finance and the Australian National Audit Office early during the set-up phase, to ensure ‘no surprises’ and prior approvals have been obtained.
- Client and community participation: Involve communities in the development of the proposed outcomes of the relational contract, and ensure reporting of results/outcomes to community.
- Learning partners: Engage learning partners and ‘deal architects’ to help train, prepare and evaluate this work. This includes access to best practice in other countries and the use of appropriate evaluation to validate and improve the work.

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

We believe that the following criteria should be considered when deciding which organisations should be offered a relational contract:

- Consent and agreement: Providers must agree to enter into a relational contract instead of a standard grant agreement. In the short to medium term, it would not be appropriate to enforce relational contracting without the capacity building supports referenced above.
- History of quality service delivery: Providers with a strong history of quality service delivery and deep understanding of the communities that they serve should be considered for relational contracting approaches. The flexibility and trust that underpins relational contracting means that it is most appropriate for providers with existing relationships with DSS.
- Demonstrated understanding of relational contracting: Providers should be able to demonstrate their understanding of relational contracting which could be achieved through a variety of mechanisms, for example by undertaking training provided by DSS or previous experience with relational contracts.

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

Yes we would be interested in a relational contracting approach however we would appreciate more information from DSS regarding proposed implementation and expectations from providers. Without adequate preparation and strategic implementation, there is a risk that relational contracting fails to achieve its objectives. However, with effective planning it provides an exciting opportunity for more responsive and productive service delivery.

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

We note that this consultation is coming at a time of significant reform across the sector including the introduction of Thriving Kids, universal early childhood education and care, place-based investment and state reforms to child protection services.

It is important that all levels of government collaborate to ensure that investment in services is cohesive, strategic and avoids duplication. There is a risk that providing additional services without a comprehensive understanding of both the current and future state of service delivery within communities results in more complexity and fails to achieve the proposed goals of the reforms.

We would appreciate more information on the intended governance and market stewardship role of DSS in supporting the implementation of the reformed program and increased flexibility for providers in delivering services. In particular, we would welcome more information regarding how DSS plans to balance the need for range of service types across the program, and ability of providers to flexibly respond to community needs and move between service offerings.

We appreciate the ambition of DSS to work with children and families to create a strong foundation for success through a focus on early childhood (0-5 years). However, we would like to highlight the potential risk and service gap that may occur if the needs of older children in later childhood and adolescence are not adequately addressed and funded. Need does not simply occur in the early years but is present across the lifespan. We urge DSS to ensure that child and family programs recognise the needs and complexity of children aged beyond five years and their families.

The proposed structure represents a significant opportunity for complementary, not conflicting supports. As government reforms accelerate across jurisdictions, DSS is uniquely positioned to fund services that integrate seamlessly with, but remain distinct from, the statutory responsibilities held by state and territory child protection systems. This provides the opportunity to genuinely uplift the capacity of all families by providing a cohesive ecosystem of support.

