

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

Organisation

**Organisation name**

UnitingCare Australia

**Position**

[REDACTED]

**Is your organisation....?**

- A peak-body

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

UnitingCare Australia supports the broad vision articulated in the Discussion Paper: that all children and young people are supported by strong families who have the skills and confidence to nurture them. This vision aligns with our own commitment to social justice, wellbeing and inclusion for all, and particularly those most vulnerable.

We believe that a system designed around, and delivering on, the stated vision would support children and families to thrive, particularly when underpinned by principles of prevention, early intervention and community-led responses.

**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 agree that the outcomes are generally appropriate to focus the new program. Empowering parents and caregivers is essential in breaking cycles of disadvantage and building resilience, as is supporting children's development into healthy adults—a long-term goal that requires sustained, coordinated investment across the life course. These outcomes are broadly consistent with UnitingCare Australia's advocacy for a human-centred, outcomes-based approach to social policy. However, we offer some suggestions to further refinement:

- There is a risk that in focusing on parents and caregivers, Outcome 1 does not fully capture the diversity of family structures beyond the traditional Anglo-European nuclear family construct. This may include families without formal caregivers, such as where siblings, extended family members or friends fulfil this role. These community-based, collective and alternative caregiving arrangements may be more common in culturally and linguistically diverse and Aboriginal and Torres Strait Islander groups and must be recognised in program design.
- We also note that both outcomes lack explicit reference to the impact of family, domestic and sexual violence impacting children. Including terms such as ‘safe’ or ‘protected’ would underscore the importance of addressing these issues and broaden the definition of child wellbeing to encompass the social environment in which children live. This adjustment would also better align the outcome statements with the program’s priority investment areas, reflecting a focus on families at risk of interaction with the child protection system.
- To further strengthen confidence in the reform process, we suggest that it would be useful for the Department to provide a clear comparison between the outcomes set and achieved under the existing five service streams and how these correlate with the two proposed outcomes. Demonstrating this alignment would reassure stakeholders that the unique contributions and effective elements of the current streams are being preserved, and that no critical supports or focus areas are lost.

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

UnitingCare Australia supports the move to a single national program, provided it is designed with sufficient flexibility to respond to local needs and contexts, and adequately supports providers to deliver high-quality and complex services.

We agree, in principle, that consolidating multiple programs into a unified structure can reduce administrative burden, streamline reporting and enable providers to focus more on what matters—delivering integrated, holistic services that offer real benefit to children and families. However, it is critical that the program design allows for adaptation to community priorities, changing individual, community and provider needs, and does not impose a one-size-fits-all model.

We recommend that consideration be given to the following identified risks and potential mitigations when consolidating the five existing programs into a unified model:

## Risk

Consolidation may dilute the specialist expertise required to address complex issues such as mental health, family violence, parenting, and community development.

## Mitigation

Ensure the consolidated program retains specialist streams or roles, with dedicated funding and training for staff working in areas requiring advanced expertise.

## Risk

A single program model may not adequately address the unique requirements of different target groups, given the diversity in age, family structure, and risk profiles across the current programs.

## Mitigation

Design flexible service pathways within the consolidated program that allow for tailored responses to the specific needs of each group.

## Risk

The loss of varied delivery models under current program arrangements, such as place-based, consortium-led approaches, could undermine local governance, community engagement, and the ability to provide tailored responses.

## Mitigation

Incorporate mechanisms for local decision-making, community consultation, and partnership models within the consolidated program framework, and ensure appropriate contracting models are applied to suit diverse community needs and expectations.

## Risk

Consolidation may create confusion or reduce the ability to track specific

impacts, as each program currently has unique outcome measures and reporting requirements.

#### Mitigation

Develop a robust outcomes and reporting framework that allows for disaggregation by service type and target group, ensuring continued visibility of program-specific impacts.

#### Risk

Forced integration may fragment specialist supports or result in 'one size fits all' services that do not meet complex needs.

#### Mitigation

Maintain clear referral pathways and specialist service options within the consolidated program and provide guidance on when generalist or specialist responses are appropriate.

#### Risk

Approaches for First Nations families and culturally diverse communities may be lost or watered down in a consolidated model.

#### Mitigation

Embed requirements for culturally safe practice and dedicated supports for First Nations and CALD families, including partnerships with ACCOs and culturally competent service providers.

#### **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?**

The three proposed streams—national programs and information services, prevention and early intervention, and intensive family supports—are broadly appropriate and reflect the spectrum of needs in communities UnitingCare services support.



We recommend that the streams remain flexible, and that providers are supported to deliver services across multiple streams as community needs evolve—noting that this approach would be most reflective of the practical service environment and complexity and intersecting nature of issues impacting children and families. We particularly highlight this point, given that the Department has indicated that providers will need to nominate the stream most aligned with their services when applying for funding, and a single grant agreement will then be awarded, regardless of whether services span multiple streams. While this approach would likely streamline contracting and reporting processes—meaning only one contract and one set of reporting requirements per provider—it raises some practical questions about implementation:

- It is not yet clear how providers delivering services across different streams would be expected to prioritise one stream over another, or whether Government would favour a particular stream when allocating funding.
- Further clarity is needed around how a single grant agreement would be structured to address the unique complexities and requirements of each stream. Will the agreements provide enough detail to ensure clarity about expected outcomes for each stream, especially when providers are delivering a range of services?

We recommend that further guidance be provided on these elements, including how grant agreements will accommodate diverse service provision approaches and ensure all streams are adequately supported. Clear expectations about outcomes and priorities will be essential for providers to effectively plan and deliver high-quality, integrated support across the spectrum of community needs.

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

We believe two areas warrant further consideration:

- Clarifying the rationale for the proposed structure and roadmap for outcomes

The Discussion Paper notes that measuring outcomes will take time. This raises important questions about why the proposed structure—with three funding streams and a single national program—is considered the best approach for achieving long-term outcomes. We recommend the Department outline how this structure is expected to deliver measurable improvements over time and what

interim indicators will be used to track progress. We note that the finding of a formal evaluation of existing programs would be particularly useful in information future program and service directions.

- Providing insight into provider suitability for each stream

To build transparency and trust, it would be helpful for the Department to share its perspective on the types of existing providers it envisages as best placed to deliver services under each stream. For example:

- Stream 1 (National programs and information services): Are large-scale organisations with national reach expected to lead, or will partnerships be encouraged?
- Stream 2 (Prevention and early intervention): Does the Department anticipate community-based organisations with strong local ties will be prioritised?
- Stream 3 (Intensive family supports): Will specialist providers with expertise in complex needs be preferred?

Additional insight in these areas would give providers a clearer sense of the Department's strategic intent.

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

UnitingCare Australia supports the four priorities:

1. Investing early to improve family wellbeing and break cycles of disadvantage.
2. Prioritising connected, co-located and integrated services.
3. Ensuring services are informed by, and respond to, community needs.
4. Improving outcomes for First Nations children and families by increasing ACCO-led service delivery.

These priorities are consistent with evidence and best practice, and align with our advocacy for prevention, integration and community-led approaches.

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

We suggest the following additional areas as potential priorities to also focus on:

- Addressing social determinants of health and wellbeing, including housing, income security and access to education.
- Ensuring digital inclusion and access to services for all families.
- Embedding lived experience in program design, delivery and evaluation

#### **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 three key focus areas identified in the Discussion Paper are broadly aligned with service needs, from our Network's perspective. Early intervention with families at risk of child protection involvement, and targeted support for young parents, are both critical to preventing escalation and promoting positive outcomes. We also support continued investment in services for children and young people beyond the early years, recognising that transitions and challenges persist throughout childhood and adolescence.

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

We suggest the following cohorts and issues for further consideration:

- Greater focus on families experiencing intergenerational trauma, including those affected by family violence, mental health challenges and substance use.
- Targeted support for families from culturally and linguistically diverse backgrounds, including refugees and migrants.
- Strengthening place-based approaches that leverage local knowledge and partnerships.
- Supporting peer-led and community-driven initiatives, which can be particularly effective in engaging hard-to-reach families.
- Addressing geographical issues where access to support is challenging due to isolation or limited provider presence. This would include thinking about targeted

investment in outreach models, digital inclusion strategies and flexible funding arrangements that enable services to operate in remote and underserved locations.

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

Effective strategies include:

- Formal partnerships and consortia between service providers, enabling shared case management and joint service planning.
- Integrated referral pathways and shared digital platforms for information sharing (with appropriate privacy safeguards).
- Cross-sectoral collaboration, including with health, education, housing and justice services.
- Embedding community navigators or liaison roles to help families access the full range of supports available.

In addition, the UnitingCare network's experience delivering the Escaping Violence Payment (EVP) program demonstrated the value of integrated service models built on strong partnerships and shared processes. EVP required collaboration between financial assistance providers, family violence services and community organisations to ensure clients received holistic support quickly and safely. Key elements included:

- Shared referral pathways and protocols to streamline access across multiple services.
- Centralised coordination roles to manage complex needs and reduce duplication.
- Flexible delivery models, including digital and phone-based support, to reach clients in crisis who could not attend physical locations.

This approach highlights that integration is not only about physical proximity but also about system-level coordination, shared governance and practical



mechanisms for collaboration—all of which need to be considerations embedded into the new consolidated program design.

### **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 consider that applicants should be required to demonstrate:

- Strong local partnerships and evidence of collaboration with other providers.
- Engagement with community leaders and people with lived experience in governance and service design.
- Responsiveness to local needs, as evidenced by community consultation and needs assessment.
- A track record of culturally safe and inclusive practice.
- A commitment to continuous improvement and the ability to hear, and act upon, the feedback and input of end service recipients.

Assessment should prioritise genuine community connection, not just formal partnerships.

Consideration should also be given to applicants' ability to scale service delivery effectively, with a particular emphasis on centralised support models that would enable tailored, place-based approaches rather than reliance on broad national delivery models.

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

We suggest that some additional factors to consider may include:

- Demographic trends (e.g., population growth, age distribution).
- Prevalence of risk factors such as family violence, mental health issues, or unemployment. We suggest reference to the Child Social Exclusion Index to identify other measures of social exclusion that would be relevant to address.

- Service gaps and unmet needs identified through local data and consultation.
- Barriers to access, including geographical isolation, digital exclusion, transport and language.

**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 this could be demonstrated by:

- Evidence of ongoing community engagement and feedback mechanisms.
- Data on service reach and outcomes, disaggregated by priority groups.
- Case studies or testimonials from service users.
- Examples of adaptation in response to changing community needs.

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

We endorse:

- Prioritising ACCO-led applications in areas with significant First Nations populations, provided that individuals and communities have access to a range of service options/providers that support their needs and preferences.
- Providing capacity-building support for ACCOs, including assistance with grant writing and compliance.
- Encouraging partnerships between non-Indigenous organisations and ACCOs, with ACCOs in the lead role.

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

We believe that the program design must also reflect the practical realities of service delivery in Aboriginal and Torres Strait Islander communities. Establishing new services in remote or regional areas is complex and may take time to reach full capacity. Reporting frameworks should reflect this phased implementation and avoid penalising providers during early stages. Additionally, contingency

measures should be built in to ensure continuity of support for families if additional resources or adjustments are required. This includes flexible funding arrangements and mechanisms for rapid deployment of supplementary support where needed.

Finally, it is essential that the program empowers individuals and families with the greatest possible choice and control over the services they access. Service offerings must be responsive to the needs and preferences of clients, ensuring that supports are genuinely person-centred. Where non-ACCO providers are the preferred choice of the client, these services should receive comprehensive support to build their cultural capability and competence. This will help guarantee that all providers, regardless of background, are able to deliver high quality, culturally appropriate care, supporting self-determination and positive outcomes for Aboriginal and Torres Strait Islander children and families.

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

UnitingCare Australia supports the principle that data collection should focus on meaningful outcomes rather than compliance-driven metrics. Feedback from our network strongly supports the need to capture both quantitative and qualitative dimensions of wellbeing.

From UnitingCare Australia's national policy perspective, we believe that aggregated data helps identify patterns and informs policy without placing unnecessary administrative burden on individual providers. This approach ensures that measurement is meaningful and supports continuous improvement at a system level.

We recommend that the Department also draws on robust sources such as the Child Social Exclusion Index, which provides a comprehensive picture of disadvantage and vulnerability across communities. Using this Index alongside the other data sources noted, as well as service data, would strengthen the evidence base for funding decisions and program design, ensuring resources are directed where they are most needed.

We also believe that data collected through this program should feed into Treasury's Measuring What Matters National Wellbeing Framework, so child and family wellbeing indicators are integrated into broader national reporting. This alignment will help the Government track progress on wellbeing holistically,

ensuring that improvements for children and families are considered alongside other key measures such as health, housing and education.

We further offer the following insights regarding outcomes measurement:

- Data submitted by providers to the Department's Data Exchange (DEX) is not generally shared with the sector. Greater transparency around DEX would help build trust between the Department and providers in relation to data reporting and outcomes measurement. Greater accessibility of DEX datasets and related analyses would also help providers understand the benefit of reporting and provide greater opportunity for them to learn from outcomes.
- We recommend that templates developed by the Department for measuring outcomes should prompt for context, intervention delivered and outcomes resulting and include space for client voice. Guidance should emphasise ethical storytelling and de-identification, ensuring that qualitative insights complement quantitative data to provide a holistic view of impact. The inclusion of qualitative data representing insights from clients will help ensure reporting focuses on outcomes and the reality of frontline service delivery, rather than just compliance and the quantity of activities delivered.
- It is important to recognise that effective monitoring and evaluation require adequate resourcing and dedicated funding. Noting the capacity issues challenging many services in implementing comprehensive data collection and evaluation processes, any expectation of robust monitoring and evaluation should include designated funding to enable these activities.
- Client engagement itself is a critical component of effective monitoring and evaluation. Ensuring that clients are actively involved and that their feedback is incorporated will lead to more accurate and relevant outcomes data.
- There is a need to ensure that both services and outcome measures are culturally appropriate, especially when working with Aboriginal and Torres Strait Islander children and families. Tailoring monitoring and evaluation approaches in this way will help ensure that the data collected is meaningful and supports improved outcomes for all.

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



It is our Network's understanding that relational contracts are based on trust between government and service providers to enable collaboration, shared objectives and mutual accountability over longer periods. Relational contracts focus less on detailed terms and conditions, giving providers more flexibility in how they choose to deliver programs and services to achieve agreed to goals, with responsibility for outcomes falling on both parties. In this way, we feel that relational contracting would be suited to complex service delivery environments like social and community services, in which identifying and addressing needs, and predicting and tracking outcomes, is often very challenging, can only be done over longer time periods, and requires providers to remain agile and constantly adapt by reconfiguring their services and programs.

In practice, we feel that relational contracts would allow providers the flexibility to deliver services and programs in ways that are responsive to the needs of service users and their communities, drawing on their experience and understanding of effective approaches. Relational contracts would also give providers more time to achieve long-term outcomes, including prevention outcomes, reducing the interruptions to service delivery, along with the workforce and administrative challenges associated with frequently renewing contracts, or seeking new grants and applying for additional funding.

With longer time frames and less restrictive terms and conditions, relational contracts would have the additional benefit of focusing on measuring and collecting data on outcomes, rather than prioritising the tracking of activity delivery.

We appreciate the department's efforts to consult with the sector to build an understanding—grounded in the sector's perspective—of what relational contracting entails. However, once a final definition or approach is determined, it must be clearly communicated and articulated. Sector-wide education will be essential to ensure clarity on how the concept will be applied in practice.

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

The Department should decide which organisations should be offered a relational contract based on their demonstrated capability to deliver outcomes, their track record of partnering with governments, delivering services and programs within particular communities, and their capacity to operate effectively at larger scales over extended periods. Ultimately, the decision should centre on the

organisation's ability to achieve the desired outcomes, and where a relational contracting arrangement is agreed by all parties as the most effective means of reaching these goals, it should be considered the preferred contracting option.

We recommend that the Government undertake an information campaign to raise awareness about relational contracting, outlining its principles, advantages, and practical implications for service providers. This will help reassure providers by clarifying what exactly is meant by relational contracting within this context, giving them certainty around what changes to contracting will mean for them.

Additionally, providers should be offered comprehensive training and support to ensure they fully understand their roles and responsibilities within a relational contract, and are equipped with the necessary skills and resources to meet the requirements. This approach will help build confidence and capability across the sector, supporting successful collaboration and the achievement of shared objectives over the long term.

## **22. Is your organisation interested in a relational contracting approach?**

### **Why/why not?**

UnitingCare services support a relational contracting approach, to the extent that it would enable greater flexibility in contracting arrangements, more dynamic and responsive service delivery, and could foster shared responsibility with Government to deliver the best possible outcomes for individuals and communities. However, noting that this is a new approach, it is important that there is some leeway in ironing out any issues that may arise in contracting arrangements.

We believe it is essential for the Government to make a genuine commitment to working in partnership with providers through a relational contracting model—collaborating to achieve the best outcomes, promptly addressing any challenges that emerge, and maintaining a shared focus on securing the best possible results for all parties involved. Importantly, this partnership approach should also involve ongoing consideration of the adequacy of resourcing and funding allocations, with a willingness to make adjustments as necessary. By regularly reviewing and refining resource levels in response to evolving needs and circumstances, the Government and providers can ensure that agreed outcomes remain realistic and achievable, further strengthening trust and the effectiveness of the relational contracting approach.

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

**Cultural shift and trust building**

Successfully implementing a relational contracting approach will require a cultural shift for both Government and service providers. Accordingly, there should be a strong focus on building trust, open communication and mutual accountability, as these elements will be fundamental to the success of long-term collaborative relationships—particularly in light of some of the challenges and impacts experienced by providers following the last significant grant round for the Financial Wellbeing and Capability Activity.

The UnitingCare network suggests that the Department should take a proactive approach to demonstrating genuine commitment to partnership, including through regular and consistent engagement, transparency in decision-making and a willingness to be flexible and address emerging challenges collaboratively.

Additionally, the Department should be mindful that not all organisations may be ready or equipped to engage in the new model immediately despite interest or willingness to doing so, and may require transitional support or tailored capacity building to support readiness—we advocate that for successful adoption of the approach in broad terms, supporting providers through targeted training, access to relevant resources, and ongoing guidance will be essential to facilitate a smooth transition and enable broad uptake and support for the new approach across the sector.

**Timely and transparent communication**

Timely and transparent communication of grant processes and timelines will be critical. The Department should ensure that providers receive advance notice of procurement deadlines, clear explanations of selection criteria and prompt communication of decisions. Where possible, feedback should be provided to unsuccessful applicants to support sector learning and improvement. These practices can help reduce uncertainty, support organisational planning, and reinforce trust in government processes.

**Clear performance indicators and co-designed accountability mechanisms**

Consideration should be given to the collaborative development of clear,

measurable performance indicators and accountability mechanisms, co-designed with providers. This approach ensures that expectations are aligned, outcomes are relevant and achievable, and that both the department and providers are jointly responsible for monitoring progress and addressing issues as they arise. Regular review and refinement of these indicators, informed by sector input and evolving community needs, will further strengthen the effectiveness of relational contracting.