

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

Organisation

Organisation name

Vocational Partnerships Group Ltd

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?

- Queensland

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

Regional area

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

Children are not raised by families alone; they are raised by communities. The proposed vision — “All children and young people are supported by strong families who have the skills and confidence to nurture them” — sets an important foundation. However, to fully reflect lived reality, particularly in regional Australia, it should go further to explicitly recognise the vital role of communities.

Children grow within ecosystems that include schools, health services, Elders, Kin, sporting clubs, neighbours, cultural leaders and local organisations. In regional communities especially, support does not sit within a single household or location; it is sustained by relationships, trust and deep local knowledge. These community bonds are often the strongest and most protective influences in a young person’s life.

A stronger vision would therefore recognise both families and communities as essential partners, for example:

“All children and young people are supported by strong families and confident communities with the skills and capacity 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.

The two outcomes — empowering parents and supporting children to grow into healthy, resilient adults — reflect important shared aspirations. However, taken on their own, they are incomplete.

Both outcomes centre primarily on individuals and families. What is missing is explicit recognition of community as a driver of wellbeing. Children do not grow in isolation, and families do not raise children without the influence of their environment. Removing this broader lens risks unintentionally placing responsibility solely on parents, while overlooking the systems and relationships that significantly shape outcomes.

The current Families and Children Activity outcome framework, which includes cohesive communities and flourishing family relationships, acknowledges that wellbeing is built through belonging, culture, safety and connection — not just individual or family effort. These elements create the conditions in which families can succeed through access to services, social networks and informal supports.

A truly preventative system must therefore invest not only in families experiencing difficulty, but also in strengthening the social fabric that keeps families well. Without this, there is a risk that the framework narrows its focus from prevention to response.

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

Flexibility comes from local decision-making, strong partnerships, and community-led design — not from forced centralisation or integration.

For specialist organisations delivering effective, place-based services, a merged national program risks reducing flexibility rather than strengthening it. Long-standing regional providers have built deep local knowledge, trust and effective service models over many years. These capabilities are assets to reform, not barriers to it.

If improvement is the goal, reform must not only introduce change, but also recognise and build on what is already working. A nationally standardised model risks unintentionally sidelining locally embedded services whose strength lies in their specialisation, responsiveness and strong community relationships.

We cannot pursue uniformity in a landscape where geography, culture and community need demand diversity and flexibility.

There is also a genuine risk that moving to a single national program will disproportionately disadvantage smaller, community-based organisations in favour of large multi-stream providers. Organisations that choose to focus on a single service stream often do so deliberately — to build depth, quality and local expertise — not because of limited capability. Reform settings that privilege scale or multi-stream delivery risk pushing out highly effective specialist services, reducing diversity within the sector and weakening the local service ecosystem overall.

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?

VPG's Children and Parenting Service currently aligns with Stream 2 and operates across two Queensland SA2 regions covering a geographic area equivalent in scale to Tasmania, with multiple dispersed townships.

When services become overly standardised, generic or centralised, they risk losing clarity of purpose and their preventative focus. Over time, demand tends to be most visible at the acute end, and services may gradually drift toward response rather than prevention. This weakens early support and can inadvertently increase isolation for families who would benefit from engagement before crisis emerges.

A funding framework that preserves outreach, place-based delivery and specialisation is essential if prevention is to remain effective in diverse regional communities.

Particularly in rural and regional contexts, providing families choice and separation of services linked with child protection/intensive support programs is vital. Our communities will continue to need the services in Stream 2, and importantly, this prevention and early intervention work needs to be provided by organisations who provide less stigmatized, more normalised support services embedded into the everyday life of families and children in the community.

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

Build on trust, not just structures: In rural and remote contexts, impact is built through relationships, continuity and presence, not throughput alone. Disrupting established services erodes trust and creates additional barriers for families already facing distance, transport constraints and limited access.

Embed community voice in governance: Governance models should reflect community ownership, not just consultation. Models such as the Australian Governments Regional Study Cen demonstrate the value of local leadership, lived experience and shared decision-making. A similar approach would strengthen services.

Support outreach and regional complexity: Commissioning should support delivery across multiple towns and settings, recognising geographic dispersion. Services should not be required to conform to generic models for administrative convenience where this weakens effectiveness.

Invest in workforce sustainability: Targeted workforce initiatives including recruitment pathways, supervision, training and regional loadings are critical to maintaining high-quality services across dispersed footprints.

Recognise early learning and schools as gateways: Schools and early learning environments are often where vulnerability first becomes visible. These should be explicitly recognised as core early-intervention settings.

Shift from competition: Competitive tendering and forced consortia models in regional communities can fragment systems and erode social capital already built through government investment.

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

Priority 1 - Invest early but also invest broadly: Prevention must not be narrowly targeted only to families at high risk. A system that waits for vulnerability to escalate before acting is not a strong prevention system. Universal and community-based parenting education and supports are critical to stopping problems before they emerge. Many children and families do not fall within “high-risk” or “disadvantaged” categories, yet they still need prevention-focused support that is inclusive, accessible and doesn’t place all responsibility on parents actively

seeking the support.

Currently, state funded services provide intensive family support programs targeted to those families with children at risk of entering the child protection system. Children and families who do not fit this profile and are currently supported by existing CaPS services risk ‘falling through the gaps’ if the focus shifts exclusively to those that are highly vulnerable. Maintaining a broader prevention lens is essential to ensure these families continue to receive the support they need before issues escalate.

Additionally, post-COVID impacts on trust must be recognised, particularly in regional and rural communities. Confidence in services that are not locally delivered, locally staffed or culturally embedded has been significantly eroded. Families are far more likely to engage with programs delivered by people they know, in places they trust.

Prevention cannot be reduced to national, online or centrally delivered approaches. While digital delivery has value, it cannot replace local relationships, face-to-face support or community connection. In regional communities, prevention works because it is: visible, familiar, and locally led.

Priority 2 - The assumption that centralised, co-located service hubs reduce travel time, lower costs and make access easier for families does not reflect the reality of regional communities. In practice, centralising services increases travel time, creates access barriers and reduces engagement for families who live outside major towns. Our service region spans a footprint comparable in size to Tasmania, with over 30 small towns spread across distances of up to 3 hours apart. For many families, a central hub is not “closer” it is further away. The idea that co-location automatically improves convenience is largely an urban concept that does not translate to regional settings.

Claims that centralisation reduces cost also need closer examination. While infrastructure may be cheaper to operate at a single location, this comes at the expense of affordability, equity and access for families across the region. The cost is simply shifted from the system to the community. Travel time, transport barriers, missed appointments and disengagement create a different kind of cost, one that shows up later through increased crisis support and child protection involvement.

Centralising prevention services alongside intensive or statutory services is not always simpler for families and can create unintended harm. When service

locations are associated with intensive family services, child protection or crisis intervention, families may avoid them due to fear, stigma or discomfort. As a result, families often do not seek help or disengage from support before issues escalate, directly undermining the purpose of prevention services. Genuine service collaboration doesn't require co-location, and in the instance that a family accessing a prevention service requires a more intensive service the focus should be then on supporting them to comfortably, confidently engage with the relevant service, regardless of it is located in the same building.

Regional communities do not operate like cities. Our region has no public transport, long distances between towns, high transport disadvantage, low vehicle ownership and limited access to driver licensing. In this context, flexibility, outreach and multiple access points are not inefficiencies, they are essential.

Integration in regional Australia must focus on collaboration, not consolidation. Effective service systems are built by meeting families where they are, not by expecting them to travel to where services are most convenient to co-locate.

Priority 3. Community responsiveness must be real, not procedural: Communities must have governance-level influence and genuine authority to shape service delivery. The commitment to services informed by community need is welcome. This must go beyond consultation and be embedded through local governance and flexible commissioning that enables communities to shape solutions. Without this, "community-informed" risks becoming symbolic rather than meaningful.

Priority 4. Strong support for Aboriginal and Torres Strait Islander leadership: We strongly support Aboriginal community-controlled leadership where communities choose this model. At the same time, First Nations families are not a single cohort. Families must retain choice in who they engage with, based on trust, safety and cultural fit.

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

A notable gap in the four identified priorities is the inclusion of school-aged children and their families - many of whom may not fall within a visibly "disadvantaged" priority group. As highlighted in the Evidence Summary, "middle childhood and adolescence are also crucial periods of development that offer opportunities to build strong cognitive, social, and emotional foundations that support children and young people". Despite this, this cohort is not clearly reflected in the current priorities.

The priorities should explicitly recognise the importance of school readiness and support during key school transition periods as per the current CPS contract, which are well-evidenced as times of increased risk. Continued support for families with children aged 5–12 years (and up to 18 years where needed, particularly in rural and regional communities) is also essential to ensure developmental, educational, and social needs are met throughout these critical stages.

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?

Support for young parents is strongly aligned with our service priorities. This is a critical cohort who benefit greatly from early, practical and relationship-based support to build confidence, capability and strong parenting foundations.

However, In our region, families at risk of child protection involvement are already well supported through state-funded intensive family support services delivered primarily through neighbourhood centres and Aboriginal Community Controlled Organisations (ACCOs). These services are highly specialised and provide targeted, intensive support where statutory risk is present. Our existing CaPS service already funnels families at high risk to these services. Maintaining a clear distinction between Commonwealth and State responsibility is important to avoid duplication and ensure that new investment complements state responses and does not create service gaps.

We also note some concern regarding the strong emphasis on children aged 0–5 in the proposed focus areas. While early childhood intervention is undoubtedly essential, it is equally important that investment does not cease at school entry. In practice, many children are first identified as vulnerable around age five, when developmental, behavioural or family concerns become more apparent in education settings. School readiness activities are often the first point at which the need for support becomes visible.

The current Children and Parenting Program appropriately recognises this, giving equal weight to the early primary years (ages 6–12) as a critical developmental period alongside early childhood. This balanced approach reflects lived experience in communities like ours and should be retained within any future framework. A model that narrows investment too heavily toward early childhood risks leaving a significant cohort without support at precisely the time intervention

can be most effective.

More broadly, we support the outcomes and intent of the reform agenda. The priorities outlined in the paper reflect what we, and many community organisations, are already working hard to achieve. Continuity of funding enables stability for families, protects long-standing relationships, and builds on what is already working. Supporting existing services allows investment to strengthen systems rather than disrupt them through frequent tendering cycles. While competitive processes play an important role, they do not necessarily guarantee better outcomes and can at times favour scale and resources over local knowledge and deep community connection.

We believe the strongest results for children and families will come from reforms that build on local capability and invest in the partnerships, services and relationships already delivering impact on the ground.

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

Many parents, families and children who would benefit most from prevention services are not those already involved with services. They are everyday families managing stress, isolation, early developmental concerns or parenting challenges without identifying as “high risk” and without actively seeking help. A system that relies solely on families to identify need and present at a service point misses a substantial proportion of those who would benefit from early support. Family wellbeing requires outreach-based approaches, not just intake-based systems, early identification through education and play-based settings, and support that meets families where they already are, not where policy assumes they will go.

We have found that supported playgroups, school readiness programs and education settings are some of the most effective gateways to early intervention. These environments allow for the engagement of families in a non-stigmatising way, and provide support before issues escalate. Placing the onus on parents to seek help, particularly in small or regional communities, assumes confidence, access, transport and trust where these may not exist. A strong prevention system does not wait to be found. It goes to families through the places children already attend.

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

The implication that services must share a roof for families to experience coordination is misplaced. Integration is a function of systems and relationships, not geography. Services do not become coordinated simply by sharing a building or a service contract.

The most effective coordination does not come from shared buildings, it comes from strong relationships, trust and time. In our experience, the most powerful enablers of coordinated support are:

Long-term relationships with families and partners: Decades of consistent, community-embedded work builds trust that no structural reform can fast-track. Families engage with people and organisations they know.

Commissioning organisations with a proven, long-term commitment: Services that have dedicated themselves to this work for 20+ years have deep knowledge of local families, referral pathways, and community dynamics. Stability in commissioning strengthens collaboration; short-term funding cycles fracture it.

Clear collaboration and coordination protocols: Referral pathways, shared agreements, and communication norms - not just physical proximity - are what make coordination work in practice.

Warm referrals and active journey coordination: Families do not need “signposting”; they need supported transitions between services where relationships are handed over, not dropped.

Community connectors and boundary-spanning roles: Our staff outreach across services and settings, playgroups, childcare centres, schools, hospitals, libraries, neighbourhood centres, playing a critical role in weaving systems together. The impact of delivering support in these everyday settings is increasingly recognised as best practice. These settings are familiar, trusted and non-stigmatising, making engagement more likely and more sustainable.

Flexible funding that allows collaboration: True integration requires funding models that allow time for coordination, relationship-building and outreach, not just direct service hours.

Coordination is not an infrastructure problem, it is a relationship problem and a systems design problem.

When commissioning gets those right, integration follows. Collaboration comes from intent, resourcing and leadership, not from shared office space and forced integration.

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?

A service's connection to community should be demonstrated through evidence of relationships, presence and impact, not just intent statements.

Evidence of long-term community presence: Years of operation in the community, strong local reputation and demonstrated trust matter more than short project timelines.

Physical presence across everyday settings: Delivery across schools, early learning, playgroups, community halls and sporting clubs shows the service is woven into daily community life.

Governance and local leadership: Community representation in governance structures, advisory groups or leadership roles demonstrates accountability and voice.

Community co-design and feedback loops: Services should show how families and community members influence program design, evaluation and improvement.

Workforce drawn from the community: Employing local staff and investing in community capability builds trust, relevance and sustainability.

Cultural safety and choice: Culturally safe practice and partnerships should be clearly articulated, alongside commitments to family choice.

Outreach capacity and access strategies: Grant applications should describe how services reach families who are not visible or help-seeking.

Applicants should be assessed on: depth and quality of community relationships, evidence of trust and reputation, demonstrated co-design and responsiveness to local need, reach across multiple towns and settings (not just a single site), workforce stability and local employment, and real-world outcomes, not just models.

Community connection is best demonstrated through relationships, relevance and results.

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

Key factors the department may account for include:

Family and social stress indicators: Housing instability, cost-of-living pressure, family violence prevalence and rising mental health concerns

Developmental and wellbeing indicators: Measures such as AEDC results, school readiness and engagement.

Existing service quality and performance: Communities are not blank slates. Many locations already have strong, trusted services delivering results. Funding decisions must consider service tenure and performance, evidence of community trust.

Impact of withdrawing effective services: The potential harm caused by removing or changing high-performing services must be assessed. Funding decisions that disrupt existing services risk dismantling trust, fragmenting referral pathways, and losing skilled workers. This creates instability and weakens local systems.

Community voice and lived experience: Funding should be informed by what families and communities say works not just by datasets.

Equity not just population size: Investment must reflect equity, not volume alone. Rural and remote communities should not be disadvantaged simply because their populations are smaller. Funding models that favour scale over access risk further marginalising communities.

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

Organisations should be assessed on evidence, not just intent. Demonstrating genuine community connection requires more than describing what a service plans to do — it requires proof of what has already been done and the difference it has made.

Applications should therefore be assessed on:

- Lived evidence of impact: Data, case studies and outcomes that demonstrate real change for children, families and communities — not just outputs or

participation counts.

- Enduring community relationships: Established partnerships with schools, early learning services, health providers, community organisations and cultural leaders that have developed over years, not months. Longevity matters in regional communities.
- Community ownership through governance: Evidence of community voice through governance structures, local advisory groups, community representatives and co-design processes that actively shape services and decision-making.
- A workforce drawn from the community: Employment of local workers, cultural leaders and community members, and demonstrated investment in workforce capability and career pathways within the region.
- Delivery in everyday community settings: Services delivered where families naturally gather — in schools, kindergartens, playgroups, halls, neighbourhood centres and community spaces — not solely from a central regional office or hub.
- Demonstrated responsiveness over time: Evidence of how services have evolved in response to emerging needs, feedback and local conditions rather than operating as static models.

Where funding models favour a single “hub” or lead organisation, there is a real risk of undermining exactly the community connection the system seeks to value. When commissioning is centralised, smaller, deeply embedded services lose visibility, Long-standing local relationships become competitive, and partnership is replaced by hierarchy.

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?

To show the depth of community impact, we need to go beyond quantitative data and comparison of datasets with other service providers operating in entirely different community contexts. Information that would be valuable to share and have considered in reporting the impact of our service in addition to quantitative data includes:

- * Community engagement and partnerships
- * Qualitative data from parents, including testimonials of the real-life, everyday impact our service has had on their families

- * The impact of service provision in community outlets – support meeting parents and children where they are instead of placing the onus on them coming to us
- * New ways that we are being responsive and flexible to meet community need, for example, a new parent education session is developed to respond to emerging issues or concerns impacting local families.

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

The SCORE Circumstances domains most relevant to our current service delivery are Family functioning, Age-appropriate development, and Education & skills training.

As our service model is intentionally flexible and responds to diverse community needs, no single domain consistently reflects the full scope of our work. Families often experience change across multiple domains simultaneously, and our interventions are designed to respond holistically rather than in isolation.

It is therefore important that any new approach maintains a similar level of flexibility, ensuring services can continue to record outcomes against the domains that are most relevant to each family's circumstances, rather than being constrained to a single category that may not accurately reflect the work being undertaken.

This flexibility supports more accurate reporting, better reflects real-world service delivery, and strengthens the integrity of outcome data across the system.

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

We would welcome the opportunity to provide more formalised qualitative evidence through case studies that capture both measurable outcomes and the human stories behind them. Given the breadth and diversity of supports delivered under this program, it is essential that any case study templates remain flexible rather than prescriptive.

Overly rigid formats — particularly those that require information to be forced into predefined outcome domains — risk flattening the lived experience of families and diluting the true impact of the work. A one-size-fits-all framework does not reflect the complexity of regional service delivery, or the varied pathways families take toward stability and wellbeing.

Ideally, templates and guidance would provide light structure and well-designed prompts while allowing organisations the freedom to tell stories that reflect the depth, context and nuance of their work. This might include suggested focus areas (for example, trust-building, access, outcomes, and system navigation) without requiring strict alignment to narrow reporting categories.

This approach would enable services to produce more meaningful case studies and would give contract managers richer insight into what is happening on the ground — beyond what quantitative data alone can show. Capturing lived experience alongside outcomes is essential to understanding how services are working in real communities and why they matter.

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

As reflected throughout our submission, the most effective way for government to achieve better outcomes for children and families is to work with and strengthen existing services that are already embedded in their communities.

We support the intent and priorities outlined in the reform paper. They reflect outcomes we are already working toward through our current service delivery. Our concern is not with the direction — it is with the method.

These priorities can and should be realised through continuity of funding with established providers who have a demonstrated track record of delivering results in their communities. Sustained investment in existing services protects trusted relationships, preserves workforce capability and builds on what is already working, rather than destabilising local systems through service disruption.

Open and competitive tendering does not guarantee better outcomes. In practice, it frequently advantages large, metropolitan-based organisations with scale and bid-writing capacity over locally embedded services with deep community trust and practical impact.

Changing providers does not equal reform. In many cases, it fragments services, erodes community confidence and wastes years of social capital that government has already invested in building.

Real reform comes from strengthening what works, not resetting it. If the goal is better outcomes for children and families, then funding models must value:

experience,
continuity, trust, and community connection.