

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

Organisation

Organisation name

Windermere Child & Family Services

Is your organisation....?

- A provider currently funded under one or more of the 5 programs in scope for this consultation

What type of service or support do you mostly provide?

- Prevention or early intervention services
- Intensive family supports

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

- Victoria

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

Major city

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

As a Communities for Children Facilitating Partner (CfC FP) for over 20 years, and a provider of child and family services for more than 30 years, Windermere Child and Family Services (Windermere) strongly believe the new approach must explicitly embed the role of community in programs for families and children.

Through the CfC FP initiative, significant work has occurred over decades to build relationships within communities that have achieved a collective approach to child-friendly places. It is important that experience and expertise in Families and Children (FaC) program delivery developed over many years through established trust and connection with local communities is captured in the new approach.

Frameworks such as ARACY's The Nest, the Indigenous Social and Emotional Wellbeing model, the National Strategy to Prevent and Respond to Child Sexual

Abuse 2021-2030 and the current DSS Families and Children Outcomes Framework all show that strong community connection, culture, safety and local leadership are key protective factors that support social and emotional wellbeing, safety of children and young people and help prevent pathways into statutory systems.

Further, while the vision references young people as well as children, the discussion paper flags children aged 0-5 years and young parents as key areas of interest. Windermere supports these areas of focus but would also like to see more information about how older children and adolescents will be supported through this program to ensure that early intervention is a concept applied through a whole-of-family and life-course approach.

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 outcome statements lean towards nuclear concepts of family and do not explicitly include the role communities play in providing the structures, culture and systems that support child wellbeing and safety.

With a key area of interest for the new approach being families at risk of child protection involvement, the outcomes should also include improved safety for children and families.

As referenced in response to question 1, a whole-of-life approach is required to achieve the proposed outcomes. With the DSS focus on prevention and early intervention for children aged 0-5 years, and young parents aged under 25, and the lack of context about how this program aligns with other government health, education and community initiatives, it is difficult to determine if the outcomes are achievable through the proposed new approach alone.

Neither does the discussion paper reference the broader issues that impact achievement of the proposed outcomes. Housing uncertainty, poverty and cost of living pressure, family violence and mental health are barriers for families that community service organisations must respond to, regardless of the original service intent. A more wholistic approach is required that supports organisations to support families in the way they need, when they need it.

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

While streamlined tender processes, contracting and reporting arrangements are desirable, the most critical factor to provide flexibility for our organisation is the ability to utilise funding in a client-centric way.

This may include delivering services that move between Stream 2 and 3 as family's needs change, adapting how services are delivered based on client feedback or piloting innovative approaches to resolve barriers and challenges. Longer-term grants, inclusive of adequate annual indexation, of up to 5 years are needed but just as important is flexibility within those grants. The current annualised approach to funding with the requirement to acquit and return unspent funds on an annual basis limits flexibility and responsiveness.

More detail about how the grants will be managed by DSS, particularly how relational contracts will be managed in practice is required.

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?

Services currently delivered by Windermere are more aligned to Streams 2 and 3. However the supports provided to our children and families do not always neatly fit with the stream descriptors.

Windermere's own service data shows that no one person is presenting for support with a singular issue or service need. Housing uncertainty, poverty and cost of living pressure, family violence, mental health and disability support needs are stressors that need to be responded to by community service organisations, regardless of the original service intent.

In the absence of broader system changes that alleviate challenges such as financial stress and insecure housing, and a greater investment where there are service gaps outside the FaC Activity (e.g. allied health supports for children with developmental delays, family violence services) people will continue to present for FaC services facing multiple, complex challenges in their lives. Service delivery must be person-centred with services meeting clients where they are at.

Flexibility to operate between or across the funding streams, and on occasion

outside the streams, when other supports are not available or appropriate would assist in meeting the needs of families in our community.

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

A comprehensive service needs analysis and service mapping that underpins the focus of the new approach would provide greater clarity on the groups/areas currently being underserved and how activities funded through this approach align with other government funding and initiatives.

In running an open competitive grant process, it is important to note that organisations who have been working in partnership through the CfC FP model, will now be competitors. While this may be unavoidable for a period of time, the grant process should safeguard against unnecessary service disruption, particularly in communities with existing trusted providers.

It is also worth noting that the timing of the grant process is critical to ensure currently funded FaCS programs have sufficient notice to retain skilled and experience staff if successful or to plan and deliver transition support to children and families currently using their services.

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

Windermere broadly agrees that the four proposed priorities are appropriate areas for investment to improve outcomes for children and families. We have no general concerns about the priorities themselves, and they align with the issues we currently see across our Child and Family Services work. It is important to note that our current practice already reflects many of the principles underpinning these priorities. Our strategic planning is grounded in the voices and experiences of the community we serve, and we actively engage in local networks to identify emerging needs and themes.

Priority 2 should consider that co-location may require longer lead-in times than will be provided in this grants process including the need to secure capital funding to ensure spaces are fit for purpose, or assessment of existing community spaces. DSS should be open to submissions that demonstrate connected and integrated services even where they are not co-located or fully co-located.

For example, Windermere is part of a Children's Health and Wellbeing Local (a Victorian government initiative) in partnership with Monash Health. Co-location is a feature of this partnership but the elements most critical to its success have been identified as the use of shared data systems, policies and procedures, regular partnership meetings, clarity of roles and responsibilities and strong leadership from the coordinating partner.

We also believe that clearer articulation of the interface between Commonwealth and State responsibilities is critical. Many of the identified priority areas rely on jurisdictional collaboration, and without clarity around roles and funding responsibilities there is a risk of duplication, gaps, or unnecessary complexity for families.

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

There are several additional priorities that should be considered, with a significant gap being the limited focus on the middle years and adolescence. These stages are critical for social, emotional and educational development, and early challenges that emerge during this time can escalate without timely support.

We also believe greater attention is needed on the intersectional challenges faced by families experiencing multiple forms of disadvantage. Within Windermere's data collection systems when looking at the clients supported in 2025 there are over 20 Adversities highlighted. Many of the families we support are navigating low socioeconomic circumstances, unstable housing, regional or growth-area pressures, or additional barriers related to culture, language or disability. These intersecting factors compound vulnerability and require more flexible, place-based and tailored responses.

Children with disability continue to fall between systems, with families often unclear about what supports sit within Commonwealth responsibility versus State-funded services or the NDIS. More coherent integration and better navigation support for these families would significantly improve access and outcomes.

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?

Overall, the proposed focus areas are relevant, however they need to be broadened to reflect a more flexible, developmental and community-centred approach—one that could more align with how Windermere supports families through capacity-building and holistic early intervention across the lifespan.

The proposed focus areas currently identified are important, but do not fully reflect the needs or priorities we see within our service. Effective early intervention should be accessible at the point an issue first arises, regardless of a child's age, rather than being concentrated predominantly in the 0–5 age bracket. We know that challenges often emerge in the middle years and adolescence, and families require flexible, timely support across all developmental stages to prevent escalation.

We also see a gap in relation to safety and the broader role of community. Families benefit not only from individual services but from being connected into their community, culture, schools, local networks and supports—elements that are central to sustainable change.

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

Windermere believe the key areas of interest within improving family wellbeing is limited with significant groups within our community whose experiences are not sufficiently reflected. According to the 2021 census, Casey has 46.4% overseas-born population with over 180 languages and dialects spoken. With this in mind, culturally and linguistically diverse families, newly arrived and migrant families are missed within these key areas. With many families experiencing intersecting forms of disadvantage, where poverty, racism, intergenerational trauma, mental health challenges, disability, and housing instability compound one another. Within Cranbourne and Clyde, housing insecurity is a defining pressure shaping family functioning and parents' capacity to engage with supports. According to statistics from the Salvation Army's 2025 Stocktake within Casey, 76.2 per cent of people surveyed identified housing affordability and homelessness as an issue in the community and 34.3 per cent identified it as an issue for themselves.

The framing of 'family' within the discussion paper seems to reflect a traditional nuclear model and does not adequately capture the wide range of family structures present in our region. Many of the families we work with are multigenerational, kinship-led, blended, single-parent households, or families that operate across two homes. Others draw heavily on extended cultural or

community networks for caregiving and support. Without explicitly acknowledging this diversity, early intervention settings risk being designed in ways that don't fully meet the needs of the people they aim to serve.

Given this complexity, we strongly support approaches that are flexible, culturally responsive and relationship based. Frameworks such as ARACY's The Nest and the current DSS Families and Children Outcomes Framework show that strong community connection, culture, safety and local leadership are key protective factors that support social and emotional wellbeing and help prevent pathways into statutory systems.

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

Co-location can work well for certain service configurations providing ease of access for clients. However, it does not in itself create coordinated service pathways and can introduce challenges around confidentiality, cultural safety, and accessibility.

The Operational Guidelines for the five current FaCS programs already require collaboration across government, non-government, and community services, reflecting a long-held understanding that integrated, place-responsive practice is central to good outcomes. This should be a funded component of the new approach recognising the time, skills and systems needed to achieve meaningful integration and build the partnerships that turn a collection of services into a connected ecosystem for families and children.

As also noted in Question 6, Windermere is part of a Children's Health and Wellbeing Local (a Victorian government initiative) in partnership with Monash Health. A review of the approach found that the use of shared data systems, policies and procedures, regular partnership meetings, clarity of roles and responsibilities and strong leadership from the coordinating partner were all critical in delivering successful outcomes.

The CfC FP model has also been an effective approach in connecting community service organisations, who otherwise might be in competition with each other, together in delivering coordinated services to the community. In Victoria, the FP's operating in the Southeast of the state have formed a network to further share learnings and strategies that assist in understanding and meeting the needs of families in our communities. Features of the existing FaCS programs should be

built on through this reform where there is evidence they were successful in connecting and coordinating services for families.

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?

Getting to know community needs, the existing service landscape and building relationships with key stakeholders in communities takes a lot of time and effort. Windermere's experience of introducing new Community Partners into the CfC FP Cranbourne program is that it can be as long as 12-18 months before the results of relationship building activity begins to show in a demonstrable way.

For applications proposing to deliver services in existing communities, evidence of established relationships and referral pathways should be provided. Feedback from service users should also confirm ongoing need for the activity. Where applications propose to deliver in new communities - whether that be for a new cohort or in a new geographic area - applications should be able to evidence the community need, how they will avoid duplication of services and the organisations strategy to establish and embed connections in that community e.g. through provision of a stakeholder engagement strategy.

The grant process should also require demonstration of how organisations are client-led in their planning and service delivery. While the importance of including the voice of children is not explicitly stated within the discussion paper, it is a critical element to ensuring services are meeting children's needs. Demonstration of systems to collect, share and respond to clients should be a funding criteria.

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

Beyond locational disadvantage, the Department should consider the broader demographic and social factors that shape real demand in communities. In the City of Casey, rapid population growth, high cultural and linguistic diversity, and increasing socio-economic pressures all impact families' ability to access support. In fast-growing areas such as Cranbourne, national datasets often lag behind what services are seeing on the ground, which reinforces the need for funding decisions to draw on up-to-date local evidence rather than relying solely on statewide or national indicators.

It is also important to recognise the foundation of work already occurring in each

community. Many regions, including ours, have established programs with demonstrated outcomes. Stable and appropriately targeted funding allows these programs to continue providing consistent, safe, and accessible support to families who may otherwise disengage. With the CfC FP model being a clear example of this.

CfC FP enables the contracting of fit-for-purpose programs that are selected in direct response to each community's priorities. For us, these decisions are guided by community-led strategic plans that identify place-based strengths, challenges, and aspirations. This approach ensures that investment aligns with what families say they need and supports continuous adaptation, as community needs shift over time due to demographic change, emerging risks, or variations in economic conditions.

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

Organisations can best demonstrate they are meeting community needs by drawing on multiple, local sources of evidence including data that show alignment between what the community identifies as important and the supports being delivered. For Windermere, this starts with our established client feedback systems, including our "Tell Us What You Think" survey. This provides ongoing insights into what families value, what is working well, and where service adjustments may be needed. Feedback of this kind is not a one-off exercise—it forms part of a continuous feedback loop that drives service improvement.

Organisations should also be able to demonstrate how they use local place-based data to shape service design. Within our CfC FP program, this includes DEX demographic analysis, community consultations and partner insights. For example, in its role as the FP, Windermere undertook an engagement and consultation strategy, "Project Kids 3977", engaging ChatterBox Projects Pty Ltd. The purpose of this project was aimed at seeking community and service sector feedback and voice, contributing to the development of the 2022 – 2026 CfC FP Strategic Plan. With a focus on gathering insight about community strengths, challenges, gaps in support or service, barriers and emerging issues that are important to the local community, with a particular focus on families and children.

The longevity of service provision should also be recognised as valuable evidence in itself. Organisations like Windermere, which have worked within local communities over many years; within the CfC FP space since the program's

inception in 2005, bring deep relational knowledge and an understanding of local dynamics that cannot be replicated quickly.

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

As a mainstream community service, we would suggest deferring to the ACCOs to express how the design of the grant process would support them in delivering and expanding services to children and families. However, Windermere has a history of positive engagement with ACCOs, colocation at ACCOs across numerous regions, and we employ several Aboriginal Engagement workers who, aside from direct service delivery, provide secondary consultation and capacity building. This relationship building has increased as the demographics start to shift & more Aboriginal and Torres Strait Islander families move into the Casey area with First Nations children represent 1.2% of the cohort in 2024, up from 0.9% in 2021).

From these activities we have observed that:

- Relationship development is key and takes time
- Genuine respect for the ACCOs and their staff as experts in their community is demonstrated by deep listening, doing what you say you will do, and being conscious of power imbalance
- Joining the ACCOs in creative and flexible problem solving
- Building capacity by exposure to mainstream training and methodologies, supplemented with tailored, culturally informed training

The rationale behind the re-designed model should assist ACCOs – fewer applications to submit, more streamlined reporting, and the option of the relational model are aligned with the observations outlined above. It may be appropriate to provide an ACCO specific briefing about the grant opportunity, to provide tailored grant writing support if requested, and to review responses to application criteria flexibly.

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

Many mainstream organisations struggle to capture the voice of the child in their work, notwithstanding that understanding the lived experience and needs of children and young people through their lens is critical to improving outcomes. Building into program design the requirement to capture the voice of the child and

providing assistance to ACCOs to develop or strengthen their model of practice around the child's voice, may be appropriate.

Under the new program, non-Indigenous service providers must continue to build cultural competency and ensure services are culturally safe for First Nations people who choose to access those services.

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

Windermere's service approach is client-led and supported by robust data and outcomes measurement processes. Windermere utilises a range of methodologies to support our quality improvement:

- We have an accessible Comments and Complaints portal on our website that is actively used by our clients
- We distribute a "Tell Us What You Think" survey twice yearly
- Periodically we facilitate focus groups to hear directly from clients about their service experience, and we aim to increase this strategy
- We administer evidence based pre and post tests to measure changes in specific domains
- We record achievement against case plan or project goals
- We have developed detailed Theories of Change for our services which identify client, practitioner and community inputs and mediating outcomes to achieve the program and clients' purpose.

As DEX will be utilised for reporting under the reformed FaCS program, system improvements are needed to ensure DEX can be used more effectively for reporting and service planning. Issues such as lengthy buffering periods each time new filters are applied and highly manual reporting tools encourage/force organisations to develop shadow systems that are more efficient.

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 regard to data to be shared with DSS through a grant process, Windermere collects the following information which demonstrates the positive impact of our work:

- Pre and post outcomes measurement tools utilised by organisations noting that

not all bidders will have used DEX.

- Provision of de-identified case studies to share the successes and challenges of direct practice.
- Feedback about stakeholder engagement, collaboration and co-service delivery, including co-delivery outside formal partnerships or MOUs.
- Client satisfaction reports.

More broadly, the recent Partnerships for Local Action and Community Empowerment (PLACE) listening tour highlighted the need for better approaches to improve data collection, monitoring and sharing about the impact of local place-based approaches. This focus on locally held data should be reflected in the reform approach rather than a reliance on national data-sets that may miss critical nuance and context.

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

Windermere's services cover multiple Circumstances domains including:

- Mental Health, wellbeing & self-care
- Personal & family safety
- Age-appropriate development (for parents of children)
- Community participation and networks
- Family functioning
- Material Well-being
- Housing

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

Given the very broad range of services that could be delivered under the current streams, the requirements for case studies should allow flexibility for organisations to choose a template that best suits their service type, while also requiring consistent features across all case studies to aid in fair and transparent assessment. This may include criteria around word limits, specific subheadings, inclusion of child voice, outcomes etc.

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

Our existing Operational Guidelines for the CfC FP program already require collaboration across government, non-government, and community services, reflecting a long-held understanding that integrated, place-responsive practice is central to good outcomes.

While not structured as a formal relational contract, as a CfC FP, Windermere has been working in a more relational way with its Community Partners. This is enabled through years of close relationships and trust building that allows for open and honest dialogue about what's working, what can be improved and challenges impacting the programs and achievement of outcomes.

A shared vision, agreed principles and ways of working are critical at the outset. Quarterly meetings and milestone/outcomes reporting is consistent across all Community Partners however the length and depth of discussion will vary depending on our experience with the CP and their demonstrated experience in managing particular issues. For example, more detailed discussions and collaborative work will be had with a newer CP. Over time, as they demonstrate ability to manage issues and deliver outcomes, the relationship matures and moves from monitoring and guidance to shared problem solving and continuous improvement.

A key feature of the CfC FP model is the collaboration and information sharing between services which is critical to enhance referral pathways, minimise duplication and share experience and data that improve outcomes for participants at both a local geographic area and through broader systems such as communities of practice. Participation in these approaches should be a feature of relational contracting and supported by DSS.

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

The Formal Relational Contracts and the Commissioning of Complex Public Services Position, University of Melbourne paper notes implementation of relational contracting best works after a period of transactional contracting. This is supported by our experience in working with our community partners. The department should consider a relational contracting approach with organisations with proven track records of delivering FaCS services and who have longer-term contracts (e.g. 2-5 years).

As noted in the response to the previous question, organisations previously

funded under the CfC FP stream may make an ideal pilot group due to their partnership experience. While training and support to support adoption of the new contracting approach will be required, the skill development and culture change required may be less of an adjustment.

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

Why/why not?

Windermere would be interested in exploring a relational contracting approach. Research shows that relational contracting best works after a period of transactional contracting where parties get to know each other and have established trust . With over 20 years' experience in delivering the CfC FP initiative, Windermere can be considered a trusted partner ready to work with government through a new commissioning approach.

Further, relational contracts have a greater capacity to include the voice of users and respond to changing circumstances. Windermere has existing mechanisms that work successfully to capture and respond to feedback from its service users that would provide the required evidence base for this type of approach.

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

We believe it is critical that the department places greater emphasis on the role of place-based practice. The discussion paper acknowledges community context, but does not fully reflect how central local relationships, trust, and on-the-ground knowledge are to achieving meaningful outcomes for children and families. Within the Department's 2024 review, existing programs such as CfC FP, FMHSS and CaPS were noted to have consistently delivered strong outcomes and represent considerable long-term investment in local relationships, community trust and evidence-informed practice. The discussion paper risks understating how much relational work underpins the current system—work that is difficult to measure against set outcomes but is central to program impact.

Our reading of the discussion paper highlights the lack of clarity about how the new national program fits alongside other federal and state-funded initiatives, including family violence, child development, and early learning systems. Without clear alignment, there is a risk that the proposed focus areas will duplicate existing supports or leave critical gaps, particularly for communities experiencing intersecting forms of disadvantage. Potential replication of the existing Applied

Principles and Tables of Support within the Department of Health, Disability and Aging could be helpful.

Another significant omission in the discussion paper is the clear guidance of how children's voices will be embedded in the new program design. Children's lived experience is central to understanding what supports help them feel safe, connected and able to thrive. Through CfC FP and our broader child and family work at Windermere, we see that meaningful engagement with children—whether through consultation, creative feedback methods or ongoing participation frameworks. Any national reform that aims to improve children's wellbeing must make children's voice a core consideration.