

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

Organisation

Organisation name

Family Relationships Institute Inc.

Position

Executive Director

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

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 provider of the FaRS sub-activity, we are already drawing on our decades of high quality, evidence-informed knowledge and practice to ensure the vision: parents and caregivers are empowered to raise healthy resilient children; and children are supported to grow into healthy, resilient adults. Therefore, the new vision is not a reform at all, but the government carefully constructing a narrative to suit an agenda to go to tender.

As a provider of the FaRS activity for many years, under its various names, we have worked hard to achieve the best outcomes for families and children. Of concern, the new vision is an attack on established FaRS providers by way of the government's failure to understand the value of knowledge and trusted partnerships accumulated over many years to reach the objective. Context is significant here, as we are known and trusted within our communities, not just a provider of services. The reforms do not take into consideration the significance of the FaRS activity, with its rich history of cemented service provision. The reforms would make sense if government worked with current FaRS providers by way of

ongoing funding, not open and competitive tender that supports our sustainability to continue supporting parents to ensure children have the right to grow up in an environment that is free from neglect and abuse. Merging programs will risk losing specialised expertise, with the reforms agenda to go to tender a form of systemic discrimination that favours larger charities and organisations, and disadvantaging the smaller providers that are trusted, with histories of high quality services.

To summarise, the new vision is not "new" as we are delivering on it. But, the new visions tendering component is an attack on equity of access, as learnt in the 2014 DSS tendering process, whereby smaller organisations struggled in competitive tendering against the bigger organisations, which weakened localised, specialised services. The irony being that once the larger organisations obtained the grants, they sort out smaller organisations to sub-contract to deliver the services.

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.

Yes — these two outcomes are broadly the right objectives to work towards, because they capture both the immediate needs of children in fostering their resilience rather than navigating their well-being; and the long-term vision for their adulthood. But, they are not sufficient on their own unless they are supported by strong established community connections and partnerships, community connections, and equity-focused approaches.

Outcome 1: Yes, children thrive when parents and caregivers receive accessible targeted prevention and early intervention support, skills and resources. And intervening early will prevent issues like mental illness, neglect or disengagement from school. Resilience building in parents will empower them to feel capable of fostering resilience in children, supporting them to navigate significant family transitions in the lifecycle. However, the challenge is that empowerment must go beyond individual skills. Families need access to affordable relationship and mental health services, healthcare, and culturally responsive services. Without addressing structural barriers, empowerment risks becoming rhetoric rather than reality.

Outcome 2: Yes, children who grow up to be resilient adults reduce intergenerational cycles of disadvantage; and a reduction in childhood exposure to relationship distress translates into a number of benefits across the life span for children. Effective parenting through the early childhood period produces securely

attached, well-adjusted children who grow to become productive community members. Resilient adults are more likely to participate in education, employment, and community life, strengthening society overall. However, focusing only on resilience risks overlooking systemic inequities. For example, children facing poverty, racism, or disability need more than resilience — they need structural supports and inclusive opportunities.

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

No, it is more of a token measure. The current system works as all service streams are interconnected, and as providers, we all know our place within the service streams. Those providers who ‘red flag’ greater flexibility within their contractual agreements do not have the skillset to work with their FAM’s in achieving greater flexibility within their WAP which speaks to DEX data.

But with that said, if the government wants to go down the path of a single national program to provide greater flexibility, it can be implemented without going to tender. Given our understanding of the FaRS activity, and the other providers understanding of their service streams, the department could choose to work with us to transition to the new single national program without going through a full open tender process which does not value the knowledge of providers accumulated over many years. The government should work towards using grant extensions supported by direct negotiations with current providers to maintain continuity of services.

Of concern, a single national framework may risk overlooking unique local community needs unless flexibility is deliberately embedded.

4. Does the service or activity you deliver fit within one of the three funding streams? Do these streams reflect what children and families in your community need now – and what they might need in the future?

Yes, the FaRS activity we deliver fits into Stream 2.

The reforms you suggest will not change what children and families need right now, or in the future, as organisations like ours, are already doing the hard work in providing prevention and early intervention to help empower parents and caregivers with the wellbeing to raise healthy, resilient children, which supports children to grow into healthy, resilient and well attached adults.

Our organisation not going to tender but continuing to be funded in its current form will support children and families in the future, going to tender is a failure to

understand the value of knowledge and trust we have accumulated over the years with families and gatekeepers of services such as GP's and maternal child health nurses.

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

The proposed reforms can be implemented effectively by working with existing service providers rather than going to tender. This approach ensures continuity of care, minimises disruption for families, and leverages the trusted relationships already established in the community. By avoiding the delays and costs associated with competitive tendering, reforms can be rolled out more quickly and efficiently. Existing providers bring deep local knowledge, proven track records, and established infrastructure, which reduces risk and maximises value for money. Most importantly, this model safeguards stability for children and families, ensuring that services they rely on today remain available while also evolving to meet future needs.

Therefore, the 'open and competitive process' should be replaced by an appreciation of what we have achieved for decades, by way of negotiating directly with the providers through a 5 year roll-over to ensure a continuity of our expertise and essential services.

By requiring service providers to compete against one another for limited funding, government policy unintentionally fosters rivalry between organisations rather than collaboration in support of families and children. This competitive model fragments services, duplicates effort, and diverts energy away from innovation and partnership. In contrast, a collaborative funding approach by way of government speaking directly to service providers would enable providers to share expertise, reduce duplication, and build stronger networks of support. Families and children benefit most when organisations work together seamlessly, pooling resources and knowledge to deliver holistic, consistent care. This is what we are doing now, working together to wrap service streams around presentations. By shifting the focus from competition to cooperation, reforms can strengthen community resilience and ensure that services are designed around the needs of families rather than the survival of individual organisations.

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

We agree with all the priorities identified to invest in improving outcomes for children and families, as this is the work we are already delivering through the current 5 activities. These reforms are not reinventing the wheel; they build on the foundations that community organisations have established over many years. However, the risk of removing smaller organisations who lack the resources to compete with larger providers in tender processes undermines the very priorities government seeks to achieve. Local organisations bring trusted relationships, cultural knowledge, and community-driven approaches that cannot be replicated by a greater centralisation of services. Sustaining and strengthening these existing services ensures continuity, equity, and genuine impact for families and children.

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

As firmly illustrated in all my response, the priority for government should be to work with existing service providers to achieve the best outcomes for children and families.

We have no issue with the reforms and priorities outlined in the reform paper, as they reflect the outcomes we are already working to achieve within the 5 activities. Our concern lies in the approach: these priorities can be fully realised through continuity of funding with current providers. Ongoing investment in established organisations ensures stability, protects trusted relationships, and builds on proven success, rather than disrupting services through competitive tendering. By supporting existing providers, government can strengthen outcomes for children and families while avoiding unnecessary duplication or fragmentation of services.

Competitive and open tendering does not guarantee that the priorities stated will be achieved. On the contrary, the tender process often favours larger organisations and charities with greater resources, rather than those with the strongest community connections or proven track records of delivering impact.

8. Do the proposed focus areas – like supporting families at risk of child protection involvement and young parents match the needs or priorities of your service?

The proposed focus areas, such as supporting families at risk of child protection involvement and young parents, directly aligns with the priorities of our service, as these are the families we already working with every day. We support parents everyday by way of targeted counselling and psychoeducation to reduce the rate of relationship/marital dissolution resultant from post-partum relationship stresses

and the pressures experienced through the early parenting period. The gatekeepers of services within this significant focus area being general practitioners, maternal child health nurses and other allied health practitioners, refer directly into our services, as we are trusted.

There is no need to reinvent the wheel through a grand announcement of reforms when current providers are already delivering these outcomes. By working directly with existing service providers, government can ensure continuity of support for families at risk of child protection involvement. Early intervention is critical in breaking the cycle of intergenerational trauma and dysfunction, and this is precisely the work we are doing now. Sustained investment in current providers will strengthen these outcomes, protect trusted relationships, and ensure reforms build on proven success rather than disrupt what is already working.

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

Having delivered services via the FaRS activity for many years, the significant family transition point of relationship formation also needs to be prioritised. Couples at this stage are the future parents of our community, and it is essential that they know where to turn for support when difficulties arise. By investing in services that guide and strengthen relationships early, government can help prevent breakdowns, reduce the risk of child protection involvement, and build stronger foundations for families. Prioritising this transition point ensures that early intervention is not only about children already born, but also about preparing future parents to create safe, stable, and nurturing environments.

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

Co-location is often overrated. What truly matters is direct referral from trusted gatekeepers, ensuring families reach the right support quickly and effectively. For instance, RelateWell provides outreach outlets within schools, maternal child health centres and children's hubs. This model of collaboration works because referral pathways ensure that families reach the right support quickly such as counselling and psychoeducation, without the duplication or inefficiencies that co-location can sometimes create.

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?

That the organisation is embedded in the community, trusted by families, and delivering outcomes now.

Our service is deeply embedded in the community we serve. We work directly with families, children, and young parents who are at risk of child protection involvement, ensuring that their voices shape the design and delivery of our programs. Through ongoing consultation, feedback forums, and co-design initiatives, we adapt our services to reflect the evolving needs of the community. We maintain strong referral pathways with schools, health services and providers (gatekeepers), child protection agencies, and local cultural organisations, ensuring families can access timely and appropriate support. Our staff are trusted members of the community, qualified in their areas of expertise, which strengthens engagement and builds confidence among families and the ability to wrap around service around presentations. This connection allows us to deliver culturally safe, accessible, and effective services that respond to local priorities. Continuity of funding will enable us to sustain these relationships, reduce duplication, and build on the outcomes already being achieved for children and families.

Applications should not be assessed on the sophistication of writing or the size of the organisation. Larger providers often need to sub-contract in order to understand and reach the community, whereas smaller, established organisations are already embedded and trusted. Assessment should be based on past and present performance, demonstrated merit, and proven outcomes for families and children. This ensures funding decisions reward organisations that are genuinely connected to the community, rather than those with the greatest resources to prepare polished applications.

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

The needs of the community are already reflected in the current funding to established organisations across the five activities. The question submits that the current providers are not performing. Why punish all providers for those receiving exemptions and unable to meet the community needs.

The department knows of the service providers not performing. The department knows of the organisations not providing high quality data and contractual milestones.

These service providers should be subject to rigorous negotiations about the merit of their funding, while those that consistently meet community needs should be

rewarded with rolled-over funding to ensure continuity. The tender process does not reward the best organisations; it rewards the largest organisations with the most polished submissions. This disadvantages smaller, embedded providers and drives a shift toward greater centralised services, which risks weakening local connections and reducing the effectiveness of reforms.

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

Partnerships & Referral Pathways: Collaborations with health services, schools, child protection, legal services and cultural organisations. Of importance, that gatekeepers are directly referring into the service.

Community connection is demonstrated via families, children and local stakeholders shaping programs.

Local data and outcomes is reflected via DEX - service use, number of families supported, demographics reached, measureable outcomes (eg: improved wellbeing, increased school attendance).

Accessibility & Inclusion: Accessible services that are direct, safe, soft entry points to other services; and tailored around diverse community needs. Evidence to be provided of outreach to increase accessibility particularly for hard-to-reach groups.

Track record & continuity: demonstration of longevity and consistency of presence in the community, where the service provider has already been achieving the priorities government has set.

No reinventing the wheel. The organisations receiving the funding are best placed to provide the services.

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

To increase the number of ACCOs delivering services to children and families, grant processes must prioritise continuity of funding, assessment based on community connection and outcomes, and equitable distribution that empowers ACCOs directly rather than rewarding larger organisations with polished submissions. This approach strengthens cultural safety, trust, and ensures families receive services from providers embedded in their communities.

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

Programs for Aboriginal and Torres Strait Islander children and families must be community-led, culturally safe, and sustainably funded. By embedding ACCOs in governance, prioritising early intervention, and rewarding proven local providers, government can strengthen outcomes and break cycles of trauma while ensuring services reflect the voices of families themselves.

To elaborate:

Community-Led Governance Programs should be guided by ACCOs, Elders, and local leaders to ensure decisions reflect community priorities and cultural knowledge.

Cultural Safety & Workforce Development Services must employ ATSI workers at all levels, supported by ongoing cultural competency training for non-Indigenous staff. Cultural safety should be a core assessment criterion for funding.

Early Intervention & Prevention must prioritise services that support families before child protection involvement, including relationship formation, parenting support, attachment, and trauma-informed care.

Wraparound, holistic support programs should address interconnected needs — health, housing, education, employment, and mental wellbeing — through strong referral pathways and partnerships with gatekeepers of services.

Place-Based flexibility design must recognise the locational differences between urban, regional, remote, and avoid centralised models that overlook local realities.

Long-Term, ongoing funding model, not short-term tendering that favours large providers. Within this, rolled-over, multi-year funding should be provided to ACCOs and proven local organisations that actually meet outcomes.

Family and community voice embed mechanisms for families to provide feedback and shape services, recognising lived experience as a form of expertise.

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

Data that reflects an extension of our reach consistently demonstrates that our service is accessible and connecting with more families. Growth in referrals,

participation, and engagement shows that we are not only maintaining our existing client base but expanding to meet broader community needs. This evidence highlights our capacity to deliver inclusive, culturally safe, and responsive services that ensure families know where to turn for support.

Data that shows a timeframe in which families engage with our services, and return to us, is important as it demonstrates that they seek support at significant transition points in their lives. This pattern of re-engagement is evidence that our service is trusted and accessible, and that families view us as a reliable source of help when navigating challenges. By being present at these critical moments, we provide continuity, stability, and early intervention that strengthens outcomes and breaks cycles of risk.

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?

Quantitative Data by way of Service Reach: Number of parents, families and children supported; growth in referrals or repeat engagement over time in our service.

Accessibility: demographics of clients - age, location, cultural and diverse background which reflects inclusivity.

Data on outreach to vulnerable or hard-to-reach groups.

Outcomes:

Reduced child protection involvement; increased school attendance, health and medical engagement, or parenting program completion.

Early intervention metrics (families supported before crisis).

Continuity:

Return rates — families coming back at significant transition points; duration of engagement showing sustained support.

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

Our organisation currently reports to DEX via the FaRS activity.

The SCORE circumstances domain most relevant to the FaRS activity are as follows:

Client circumstance: Mental health, well-being & self-care.

Client Goal: Knowledge

Client Satisfaction: The service listened to me, and understood my issues.

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

This question is confusing as the WAP provides the department with information about the impact of our services.

Templates and guidance designed to support smaller organisations in the tendering process may not adequately meet the needs of the community sector. While well-intentioned, these tools often fail to address the structural disadvantages faced by local providers in terms of writing case studies in a submission that appeals to decision-makers. Submission writing is a skill in itself, but the best written submissions do not necessarily reflect the strongest case studies or the most effective services. The current process risks privileging organisations with the resources to produce polished documents and case studies, rather than those with genuine community connection and proven outcomes. Funding decisions should be based on demonstrated impact and merit by way of the WAP and DEX, not writing ability or organisational size.

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

While relational contracting approaches have been highlighted in the NDIS and education sectors, the concept is not new. Our organisation has long enjoyed positive relationships with our various FAM's, adapting the WAP to interpret DEX data and then tailoring outcomes accordingly. This collaborative approach throughout the years has ensured that reporting is meaningful, outcomes are aligned with community needs, and accountability is achieved through trust and partnership rather than rigid compliance.

We do not have any criteria to add in a relational contract because as noted above, we have enjoyed a relational contract with our FAM.

To reiterate, we do not have an issue with the current criteria for providing information to FAM via the WAP and ensuring compliance with DEX reporting

requirements. These mechanisms provide a clear and consistent framework for accountability, and we have demonstrated our ability to meet them effectively.

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

Relational contracts should be offered to organisations that demonstrate trust, proven outcomes, and strong community connection. These contracts reward providers who are embedded in the community and have shown they can deliver results in partnership with the department.

But with that said, relational contracting is not a new concept for our organisation. We have consistently enjoyed a trusted and collaborative relationship with our FAM. This history demonstrates that our organisation is well-placed to operate under a relational contracting model, as we have already embedded the principles of trust, accountability, and partnership into our practice.

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

Our organisation is interested in a relational contracting approach because, in practice, we have already been working under this model.

Our organisation is strongly interested and positioned for a relational contracting approach because we have already been working in this way. We have consistently maintained trusted and collaborative relationships with our FAM, adapting WAPs, interpreting DEX data, and tailoring outcomes in partnership. This proven track record demonstrates that we combine accountability with community connection, making us a natural fit for formalising relational contracting. By embedding trust, flexibility, and outcome-focused delivery, we ensure families receive services that are both reliable and responsive to their needs.

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

Going through an open and competitive process risks being a failure of the current government to recognise the true value of knowledge accumulated over many years in service provision within the 5 service streams, but particularly FaRS. Community-embedded organisations bring deep cultural understanding, trusted relationships, and proven experience that cannot be replicated by new entrants through a tender process. By privileging polished submissions over lived expertise, government overlooks the long-term investment and relational capital that local

providers have built with families and communities. Funding processes must acknowledge and reward this accumulated knowledge, ensuring continuity and stability rather than sector disruption and providers competing with many of its own member organisations.

For a long period of time, consecutive governments have consistently understood the significance of the FaRS activity and its deeply embedded service providers. This recognition has been demonstrated through the rolling over of funding and, more recently, the establishment of a five-year contract. Such arrangements reward and acknowledge the accumulated knowledge and expertise of providers, while ensuring stability. This funding surety allows us to focus on delivering outcomes for families and children, rather than navigating constant uncertainty.

Instead of going to tender — a process that disproportionately favours large organisations and charities — government should work directly with existing providers to deliver the new reforms. Collectively, we are best placed to achieve the strongest outcomes for families and children because of our deep community connection and proven track record. The proposed tendering approach risks becoming a form of systemic discrimination, removing smaller providers with long histories of service provision and rewarding those who lack genuine understanding of the sector.

I remember reading an analysis of the impact of the DSS 2014 tendering process on service delivery, and end my submission with the following words from [redacted], which underpins the disadvantage smaller organisations may have in preparing well-crafted applications: 'Even if English is not the first language and if there is no familiarity with the processes, sometimes in those submissions all of the information is there and there would be the capacity to acquit a grant successfully. But, being a bureaucrat myself and having assessed applications for various things, if you are faced with hundred of them, unconsciously you are going to favour the ones that make it easy for you to see the information up-front. That is human nature in a way. The assessment of applications and the capacity to complete the applications are, I think, systemac problems'.