

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

Organisation

**Organisation name**

headspace Gladstone

**Position**

Manager

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

- None of the above

**Please specify**

NFP

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

The intent of the new vision reflects what we all want for children and families — however, whether the vision can be achieved will depend heavily on how it is operationalised in practice. Through our work at headspace Gladstone, and alongside the Gladstone Communities for Children Facilitating Partner, we see that children and young people flourish when their families can access timely, trusted, and locally-tailored supports.

While we support the aspiration for healthy, resilient children and families, we believe the vision must explicitly acknowledge that wellbeing is shaped not only by caregivers, but by the broader community ecosystem — including kinship networks, culture, accessibility of services, and the trusted relationships that families develop with local providers.

For the vision to be meaningful in practice, it must be supported by:

locally responsive implementation

continuity of trusted service relationships

preservation of participant choice

recognition of diverse family structures and kinship systems

backbone coordination roles such as the CfC Facilitating Partner

flexibility in service delivery for regional communities

realistic funding structures that support prevention, not just crisis response

So, while we agree with the direction of the vision, our support is contingent upon the reforms being designed and implemented in ways that reflect real community needs rather than structural intentions alone.

**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 outcomes are positive in intent and reflect a shared aspiration for children and families. However, by themselves, they risk oversimplifying the complex systemic, social and environmental factors that influence family wellbeing, particularly in regional communities.

Outcome 1: Parents and caregivers are empowered to raise healthy, resilient children

We support this direction, but empowerment cannot sit solely with caregivers. Many families face structural barriers such as trauma, financial stress, housing instability, and limited access to services. Empowerment is only possible when a broader support network surrounds families, and this requires coordinated, community-level infrastructure.

In Gladstone, the backbone coordination provided by the Communities for Children Facilitating Partner ensures that services are connected, responsive, and able to adapt to emerging needs. This kind of collaborative backbone is critical to enabling true caregiver empowerment.

Outcome 2: Children are supported to grow into healthy, resilient adults

This aligns closely with our mission at headspace Gladstone — ensuring young people can access developmentally appropriate support before challenges escalate.

But resilience is not developed in isolation. It is built through:

safe and nurturing environments  
continuity of trusted relationships  
consistent access to youth-friendly services  
cultural identity and belonging  
connection to family, peers and community  
accessible pathways of support

Underlying issue: Both proposed outcomes focus primarily on the parent–child unit. They do not sufficiently recognise:  
the role of coordinated service systems  
community-level supports  
collective responsibility for wellbeing  
and the essential function of backbone organisations like CfC Gladstone.

In practice, we see resilient outcomes when:  
services work collaboratively rather than competitively  
families have choice of provider  
trusted relationships are maintained  
the CfC backbone role supports coordination across multiple services  
local knowledge informs service design  
cultural and kinship structures are recognised

So while the outcomes point in the right direction, they must be supported by models that recognise that resilience and empowerment are products of strong community ecosystems, not just individual effort.

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

A single national program has the potential to provide flexibility, but this depends entirely on how it is structured and governed. In our context at headspace Gladstone, flexibility is less about program labels and more about the capacity to respond rapidly to local need. At times, we are required to pivot quickly when situations emerge - crisis incidents, local deaths, climate events, school-based issues, community trauma responses, or sudden increases in client presentations. Flexibility must therefore be understood as the ability to:

- adapt service delivery
- shift resources
- prioritise emerging needs
- work collaboratively across providers
- and respond without bureaucratic delay

If a single program creates centralised reporting, simplified contracting, and less administrative duplication, then yes, it could increase flexibility. However, there is concern that a nationally unified structure may introduce:

- loss of local decision-making
- rigid national directives
- reduced freedom to tailor responses
- and a potential disconnect between policy intent and on-the-ground reality in regional areas

In Gladstone, our flexibility is supported through strong local relationships and coordination, particularly through the CfC backbone facilitation role. If a single national program fails to preserve such local coordinating capability, flexibility may actually decrease, not increase. If decision-making remains close to community, local coordinating roles are retained, and providers have the autonomy to shape services in real time based on local context, without these caveats a single national program risks becoming administratively neat and operationally restrictive and redundant.

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

The work we do at headspace Gladstone aligns most closely with the Prevention and Early Intervention stream, particularly through youth mental health support, early engagement, psychoeducation, and connection to community and wellbeing resources. However, our service experience shows that the needs of young people and families do not always fall neatly into a predefined stream. Many children and caregivers move fluidly across the continuum of support, experiencing periods of:

prevention  
emerging concerns  
acute distress  
recovery and stabilisation  
reintegration into community supports

In reality, young people often require:

early intervention AND brief periods of intensive or crisis support AND ongoing peer or community connection, sometimes all within the same service journey.

This fluidity is particularly visible in regional contexts like Gladstone, where multiple support functions frequently coexist within a single service due to limited local providers and the necessity for flexibility.

From our perspective, the proposed streams will only reflect community need if: providers are permitted to work across streams when required, funding does not silo service types rigidly, and backbone coordination roles (such as the Gladstone CfC Facilitating Partner) remain in place to help services collaborate across and between streams.

Currently, families in our area require:  
timely access to mental health support  
culturally safe services  
youth-friendly engagement pathways  
trust-based continuity of care  
navigation support  
and prevention-based community engagement

Looking ahead, these needs are unlikely to diminish, and will likely increase, driven by:

cost of living pressures  
housing instability  
family breakdown  
domestic and family violence exposure  
youth mental health complexity  
socio-emotional disengagement  
and isolation in regional settings

Therefore, while our service does fit within the Prevention and Early Intervention stream, the reality is that rigid stream delineation does not fully reflect how families access support, nor the flexible, relational, real-world service delivery required to meet emerging and future needs.

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

Yes, there are several improvements that would meaningfully strengthen service effectiveness and continuity in regional communities like Gladstone.

Maintain and resource backbone coordinating roles (like CfC Gladstone)  
A coordinating body that holds relationships, facilitates information flow, and supports integration between services is essential. Removing this function would increase fragmentation, duplication, and confusion for families.

Improve access to validated measurement tools that reflect real change, Current DEX and SCORE metrics routinely fail to capture nuanced outcomes, especially in mental health and developmental wellbeing. Flexibility to use validated tools in their authentic format would significantly improve data quality and evaluation integrity.

Provide flexibility to respond to regional realities, Many challenges we face are unique to our context:

- limited transport
- specialist shortages
- longer wait times
- workforce retention challenges
- cultural and socioeconomic diversity

Reforms should include mechanisms for rapid, localised decision-making and service adaptation.

Protect participant choice, Families and young people must be able to access services they connect with, youth-specific, culturally specific, or generalist. Choice increases engagement and reduces dropout.

Reduce competitive tension between providers, Competition may work in metropolitan markets with dense service networks. In regional areas, it risks eroding trust, discouraging partnership, and destabilising established pathways of care. A more relational, collaborative approach is needed.

Fund navigators and connectors, For vulnerable families, the hardest part is often not the service itself, it's finding it. Our most vulnerable community members are not Navigators, we need professionals who: explain options, support access, assist with appointments, bridge between services, this is critical in our region especially where literacy, trauma, stigma or trust barriers exist.

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

Broadly, yes, the four priorities reflect areas that matter deeply for family and child wellbeing. However, whether they will improve outcomes depends on how they are implemented, particularly in regional contexts like ours.

At headspace Gladstone, and through collaboration with the Gladstone Communities for Children team, we see firsthand that investment must do more than identify priorities — it must resource the conditions that allow those priorities

to work in practice.

The four priority areas are appropriate, but we believe the following considerations are essential:

1. Services must be timely and accessible

Prioritising prevention is meaningless if families wait months for support.

Regional communities experience waitlists of 4–12 months for some services, which undermines early intervention and risks escalation to crisis.

2. Transport and geographical barriers must be recognised

In Gladstone and surrounding areas:

public transport is limited or nonexistent

many families cannot afford private transport

Access cannot be assumed — it must be supported.

3. Coordinated service networks must be funded

The four priorities require:

collaboration

relational contracting

backbone coordination

Removing or weakening coordination undermines prevention and early intervention.

4. Diverse service options must be preserved

Investment should not unintentionally limit choice or route families into a single entry point or a single provider.

Some children engage best with youth-specific services, others with family services, others with cultural or ACCO-led supports.

5. Structural contributors to vulnerability must be acknowledged

Many challenges we see — mental health decline, disengagement, family stress — are influenced by broader systemic factors:

cost of living

housing insecurity

service availability

regional isolation

trauma histories

Investment must not place responsibility solely on individual resilience.

6. Group-based programs and soft entry points must be supported  
Community-based engagement, skill-building, and low-stigma environments often act as effective pathways into more targeted support.

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

Yes — based on what we see every day at headspace Gladstone, there are several additional priorities that require focused attention if outcomes for children and families are to meaningfully improve:

### **1. Mental Health and Early Psychological Distress**

Mental health challenges in young people are often the first indicators of family strain, grief, trauma, or instability.

Early psychological distress presents long before statutory involvement — yet there is currently insufficient investment in early, youth-appropriate mental health responses.

### **2. Continuity of Trusted Relationships**

Young people engage with people — not programs. The ability to maintain relationships with familiar clinicians, youth workers, or support staff is critical, especially in recovery and stabilisation. High turnover or provider changes undermine trust and engagement.

### **3. Workforce sustainability in regional areas**

Recruiting and retaining a skilled workforce is extremely challenging in Gladstone. Solutions may include:

- support for regional placements
- local workforce pathways
- incentives for staying in regional roles
- peer workforce development

### **4. Culturally grounded practice and flexible family definitions**

The department must ensure that definitions of “family” include:

- First Nations kinship structures
- blended families
- non-biological care networks
- informal caregivers
- chosen family support systems

Rigid or traditional definitions exclude real community caregiving structures.



#### 5. Navigation support for families

For vulnerable families, finding the right service is often harder than accessing it. Investing in navigation support — guided access, warm handovers, system translation — is essential.

#### 6. Transport and logistical barriers

This is a significant regional equity issue.

If a family cannot physically reach a service, they are invisible in the data — but their needs still exist.

#### 7. Digital exclusion

1 in 5 Australians face digital exclusion — higher in regional areas.

A reliance on online models (as seen in Stream 1) risks leaving behind:

low-income families

transient families

families with literacy challenges

communities with limited connectivity

#### 8. The importance of backbone coordination

Maintaining local service coordination — as Gladstone's CfC Facilitating Partner provides — is essential.

Without a coordinating anchor, services risk becoming siloed, reactive, and disconnected, increasing the burden on families.

#### 9. Root-cause rather than symptom-focused investment

Much of what we address is the human downstream effect of:

housing stress

unemployment

service scarcity

family violence

unresolved trauma

Investment must acknowledge these are structural, not simply individual issues.

### **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 do reflect some important elements of community need — however they represent only part of the spectrum of vulnerability we see locally.

We absolutely support the priority of assisting families at risk of child protection involvement and young parents. In Gladstone, we work closely with families who may be at risk long before child protection thresholds are reached, and young parents often benefit from practical, non-judgemental supports that build confidence, connection, and parental capacity.

However, our service experience shows that vulnerability presents in many forms, and risk is often invisible until trust is established. Young people and families in our community commonly experience:

- emerging mental health challenges
- complex grief and trauma
- housing insecurity or unstable accommodation
- family conflict and relationship breakdown
- exposure to violence or substance use environments
- educational disengagement
- social isolation

Many of these factors are precursors to child protection involvement — not consequences of it.

We have also observed that some families who would never be formally classified as “at risk” still require early supports to prevent escalation.

Additionally, the framing around “young parents” is too narrow if not contextualised. We support focusing on young parents — but we also see a critical need to support:

- kinship caregivers
- grandparents raising children
- older siblings in caregiving roles
- transient or blended family structures
- carers in non-traditional arrangements

Especially within First Nations communities, caregiving is distributed across kinship networks — and support needs to reflect that.

Finally, families do not always identify themselves as “at risk” — and if services and funding are targeted too tightly at identified risk groups, people will avoid engagement due to stigma.

Therefore:

yes, the proposed focus areas are relevant  
but they are not sufficient on their own  
and they must be expanded to include early, pre-risk supports, mental health-based vulnerability, hidden risk, and broader family structures

Our local reality is that prevention requires us to reach families long before they are categorised by risk labels.

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

Yes — there are several groups in our community who would significantly benefit from tailored approaches and who are not strongly captured within the current framing:

**1. Young people experiencing mental health challenges**

Often these young people are not formally identified as “at risk”, yet we see:

anxiety  
self-harm  
depression  
school disengagement  
social withdrawal

These indicators often precede family breakdown or statutory involvement.  
Supporting these young people early — and normalising help-seeking — benefits the whole family system.

**2. Young men and boys**

In Gladstone, young males are less likely to access help-seeking services.

We see:

high stigma around vulnerability  
reluctance to engage in counselling  
emotional literacy barriers  
social expectations around masculinity

Targeted approaches are needed to reach and engage them meaningfully.

**3. Kinship and non-traditional caregivers**

This includes:

grandparents  
aunties/uncles  
extended family

siblings in caregiving roles

foster and informal carers

These caregivers often shoulder responsibility without formal recognition or inclusion in service frameworks.

#### 4. Families experiencing housing instability or transience

These families are often highly mobile, sometimes between postcodes or informal living arrangements. They:

rarely feature in data

can't maintain consistent service engagement are disadvantaged by waitlist-based models. They need flexible and mobile service options that meet them where they are.

#### 5. Families navigating complex trauma or intergenerational adversity

Trust-based engagement is more important than classification-based eligibility.

These families benefit from:

safe relational continuity

low-barrier access

gentle engagement

trauma-aware pathways

#### 6. First Nations families

Beyond simply "engagement," support must:

respect cultural parenting structures

recognise kinship responsibilities

honour cultural identity

avoid imposing Western family definitions

Services that embed cultural governance and First Nations leadership achieve better outcomes.

#### 7. Neurodiverse young people and families

These families often face significant:

sensory

social

behavioural

administrative barriers in navigating standard services. Approaches need to be flexible and accommodating.

**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 helpful, but in our regional experience it is relationships — not physical proximity — that create genuine service integration. The strongest coordination we've seen in Gladstone has come from:

1. Backbone facilitation and coordination roles (like the Gladstone CfC Facilitating Partner)

These roles:

convene providers

mediate collaboration

align service focus

identify duplication or gaps

share community insights

maintain trusted communication channels

This “service glue” cannot be replicated by simply sharing a building.

2. Shared case discussions and warm handovers

When providers share context — not just referrals — families experience continuity rather than repetition.

This includes:

collaborative planning

multi-disciplinary discussion

relationship-based transitions

3. Cross-service communication networks

Intentional information-sharing builds confidence and transparency across agencies.

Examples we use:

regular service roundtables

community partner forums

informal knowledge exchanges

real-time phone/email consultation pathways

4. Relationship-building at the worker level

An intake clinician who knows a local DSP worker — or a school wellbeing officer — can coordinate care faster than any formal protocol.

Trust between workers is operationally powerful.

5. Community-led listening and feedback loops, surveys, yarning circles, youth voice forums, parent feedback, advisory groups

These ensure services respond to community understanding, not assumptions.

## 6. Outreach-based connection

When services go to:

schools

neighbourhood centres

youth events

cultural gatherings

they reach families who won't — or can't — walk into a service office.

## 7. Strengthening professional identity across the sector

Creating a shared view of responsibility:

“families are all of our clients”

instead of “this family is mine until I transfer them.”

This shifts collaboration from an administrative expectation to a cultural norm.

## 8. Shared outcomes rather than isolated outputs

When agencies align around collective success metrics (community wellbeing, early access, reduced escalation), rather than siloed KPIs, collaboration becomes purposeful.

# **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?**

o demonstrate genuine community connectedness, an application must show more than compliance or service output — it must demonstrate lived relationship with the community. From our experience in Gladstone, a truly connected service can evidence:

### 1. Established relationships with local stakeholders

Including:

schools

youth networks

community groups

Elders and First Nations organisations

health and counselling services

sporting and cultural networks

These relationships should be evidenced — not claimed.

### 2. Community voice informing service design

Whether through:

youth advisory groups

parent/youth feedback  
co-design processes  
consultation outcomes  
regular stakeholder input

This demonstrates that the service does not “design for” the community, but “with” the community.

### 3. Evidence of trusted engagement

This includes:

low dropout rates  
return clients  
self-referrals  
word-of-mouth referrals

In Gladstone, much of our engagement comes from young people recommending us to each other — a strong indicator of trust.

### 4. Locally employed workforce

Staff who:

live in the region  
understand local culture  
know family dynamics  
share community identity

Local workforce = local trust.

### 5. Visibility in community settings

Services that are present in community, not only expecting community to come to them:

school outreach  
youth events  
neighbourhood programming  
cultural events  
presence in rural pockets

### 6. Data that reflects local needs, not generic national averages

Applicants should reference:

local waitlist trends  
AEDC or ABS localised indicators  
school attendance patterns  
local youth mental health data  
community feedback

This demonstrates real situational awareness.

7. Collaboration rather than competition

Services should be able to demonstrate:

shared initiatives

joint programs

warm handovers

coordinated pathways

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

Funding should reflect functional access, trust, service availability, family structure, and vulnerability patterns — not just geographic location.

A postcode may look fine in SEIFA data — while the lived reality tells a very different story.

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

A service that is truly meeting community need will be known, trusted, recommended, and requested.

If a provider must convince you they're relevant — they probably aren't.

In contrast, when a service is genuinely embedded, the community itself advocates for it

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

The grant process should not merely allow ACCO participation — it should actively invest in the conditions that enable ACCOs to succeed.

This includes capability-building, culturally aligned evaluation frameworks, relational funding models, and prioritisation of community trust and cultural authority over administrative polish.

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



Survey current community re current ACCO participation To improve outcomes, the system must shift from asking First Nations families to adapt to services, to designing services that adapt to First Nations families.

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

We need data that reflects real human change, not just numbers processed.

Data that shows:

connection, resilience, stability, coping capacity, cultural safety, and sustained wellbeing

is far more valuable than raw attendance or service volume metrics.

**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?**

The most valuable data we can share is not simply how many people we saw — but how their lives are different because they came

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

na

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

na

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

na

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

Relational contracting should be offered to organisations that have demonstrated they can operate in a way that is collaborative, trusted and embedded in the community — not simply those with the strongest tender writing capability or the most polished administrative structure.

The department should consider:

1. Proven history of service delivery in the community

Organisations with long-term presence and established relationships are better positioned to work relationally than short-term or opportunistic providers.

2. Demonstrated collaboration with other providers

Evidence of:

shared initiatives

warm handovers

joint case-support

co-designed programs

collective problem-solving

is a stronger indicator of relational capability than any policy statement.

3. Trust and reputation with community members

In Gladstone, we see that families will walk through the door of services they trust — even before they know what program they need.

Trust is earned, not claimed.

4. Workforce stability and continuity

Relational contracts require:

low staff turnover

locally based staff

consistent engagement

sustained relationships

People engage with familiar faces — not rotating staff.

5. Cultural capability and humility

Particularly for First Nations services, relational trust requires:

listening before acting

respecting kinship structures

operating with cultural safety

seeking guidance from Elders and community leaders

#### 6. Evidence of flexibility and responsiveness

Relational contracting works best where services can:

adjust quickly to community need

pivot during crisis

respond to emergent issues

Organisations stuck in rigid service models are not suitable candidates.

#### 7. Shared leadership mindset

A relational contract provider must see itself as part of the ecosystem, not the centre of it.

If an organisation operates territorially, defensively or competitively — it is not relational.

#### 8. Ability to use narrative and qualitative outcomes alongside quantitative data

Relational providers understand that:

healing

trust

belonging

resilience

cannot always be reduced to numbers.

Core principle:

Relational contracting should be awarded to organisations that have already been working relationally — not those who simply promise they will start.

It should prioritise:

demonstrated community trust

proven collaboration

long-term local presence

cultural safety

and deep listening

over administrative polish or competitive advantage.

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

na

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

Yes. There are several critical considerations that we believe must be recognised if the proposed approach is to succeed in practice — particularly in regional communities like Gladstone.

1. The importance of maintaining backbone coordination roles like the Gladstone CfC Facilitating Partner

The CfC FP has been a stabilising infrastructure in our community — ensuring:

service alignment

information sharing

collaborative partnerships

reduction of duplication

real-time responsiveness to local need

If this role is lost or diluted, we risk fragmentation, confusion, inconsistent referrals, and families falling through gaps in the system.

## 2. Trust is the foundation of engagement

Families — especially those affected by trauma, mental health challenges, or intergenerational disadvantage — engage with services only when there is trust.

Trust is built through:

consistency

cultural respect

continuity of staff

relational practice

This cannot be achieved through transactional or compliance-heavy models.

## 3. Regional service delivery requires different assumptions

Unlike metropolitan areas, regional communities have:

fewer providers

greater distances

workforce scarcity

limited public transport

high mobility and transience

Policy frameworks must account for these realities, not apply metro-centric assumptions.

## 4. Flexibility must be genuine, not rhetorical

If flexibility is undercut by rigid reporting structures or centralised directives, it becomes theoretical rather than functional.

Funding must support providers to pivot quickly to emerging community needs.

## 5. Competition can weaken communities in regional settings

Competitive grant environments can fracture well-established collaboration networks.

In Gladstone, services work together daily — not because they have to, but because they must in order to meet local needs.

Relational contracting — and continuity — is critical.

#### 6. Evaluation should include relational and community-based outcomes

Some of the most meaningful indicators of success are:

improved family dynamics

increased visibility of young people in community spaces

social connection

belonging

reduced shame in seeking help

These are not easily captured in traditional data frameworks.

#### 7. Implementation matters more than intention

Even reform with excellent intentions can have unintended negative consequences if implementation:

disrupts existing service structures

replaces trusted providers

resets relationships

ignores local wisdom

If there is one message I want to underline:

Do not lose the local coordination and collaborative service culture that exists here — especially the CfC backbone function that helps hold it together.

The department should not view coordination as administrative overhead — it is essential service glue.