



KATHERINE WEST HEALTH BOARD

Aboriginal Corporation

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Department of Social Services

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Dear Families and Children Programs Review Team,

Submission: A new approach to programs for families and children

Katherine West Health Board Aboriginal Corporation (KWHB) thanks the Department of Social Services for the opportunity to respond to the proposed reform of the Families and Children Activity.

As an Aboriginal Community Controlled Health Organisation (ACCHO) delivering health and family support services across a 162,000km² footprint in the very remote Northern Territory, we are deeply aware of the compounding challenges impacting our Aboriginal families, particularly in relation to family and domestic violence, child health and wellbeing, and distances to services.

We are an organisation of approximately 200 staff, administering 55 separate funding agreements – four agreements of which sit under the Commonwealth Government's Department of Social Services. The fragmentation, reporting burden and administrative duplication associated with managing this volume of agreements impacts the support we can deliver on the ground to families in the bush.

We welcome the reform, however note that only one of our DSS-funded programs is included in this reform. The exclusion of other DSS programs including, in our specific case, the client-facing Child and Family Intensive Services (CaFIS) and Community-led Programs for Aboriginal Children funding, fails to recognise the overlap, interdependence, and operational reality for delivering family support services and related education in remote Aboriginal communities. It also represents a missed opportunity to genuinely reduce administrative burden and strengthen ACCHO-led, integrated responses.

How family services works in the bush

Across our region, KWHB delivers three DSS programs directly to children and families:

- Specialised Family Violence Services (SFVS) – funded since 2020
- Child and Family Intensive Services (CaFIS) – funded since late 2021
- Community-led Programs for Aboriginal Children – funded since late 2024

To our families in the bush, these are not separate and distinct programs.

If families need support in a KWHB remote community, we say 'there is a social worker who comes to Lajamanu and can help you when things are tough.' ACCHO-led education and family support services are delivered in accordance with community needs, and for KWHB communities it's a trusted person from the health mob who can help with a range of different issues affecting family functioning.

Both SFVS and CaFIS overwhelmingly support families experiencing:

- Family, domestic and sexual violence
- Child protection involvement or concerns
- Impacts of trauma
- Developmental delay and behavioural concerns
- Homelessness, overcrowding, financial stress
- Complex government systems to secure basic identification documents or payments
- Crisis support needs with limited access to statutory or specialist services

A CaFIS client is often an SFVS client and vice versa. Which worker supports that client depends on who is physically present in community that week.

All three DSS programs expect delivery of:

- Protective behaviours education
- Respectful relationships programs
- Parenting and child safety education
- DEX data

CaFIS and SFVS expect additional delivery of:

- Early intervention family support
- Case management, advocacy, referrals and safety planning

Health promotion – building healthier futures for families

The Community-led Programs for Children funding has provided an invaluable opportunity for KWHB to deliver targeted education that aligns with community needs and expectations through dedicated, skilled facilitators, rather than relying on stretched caseworkers who previously had to squeeze education activities into their busy schedules.

Education is essential to addressing family wellbeing because it equips children, young people, and adults with the knowledge, language and confidence to understand safety, relationships, and their own rights long before issues escalate into crisis.

In remote Aboriginal communities, education is a powerful, universal, preventative tool that strengthens whole-of-community awareness and capacity. Teaching protective behaviours, respectful relationships and sexual health builds a shared understanding of body knowledge and autonomy, what safety looks like, how to seek help, and how to support one another in the remote community setting. This creates strong, knowledgeable families, breaks the cycle of

intergenerational harm, and builds the foundations for healthier futures. Being specifically funded for education has meant it's no longer an 'add on' to our programs but it is specifically funded as a core activity to address drivers of violence, empower young people, and build resilient communities.

Building a sustainable workforce

Recruitment and retention of staff in remote communities is notoriously challenging. New short-term agreements (including 2-year community-led programs for children funding) are difficult to recruit staff to and undermine workforce sustainability. Building this funding into a 5-year agreement, like CaFIS and SFVS, provides KWHB with a valuable opportunity to deliver health promotion activities that are led by experienced, professional staff with longer-term employment and knowledge of KWHB communities.

Burden of reporting

Despite delivering what functionally operates as a single family support and education system on the ground, KWHB must meet three separate DSS program obligations, including:

- Three separate sets of program guidelines
- Three grant agreements
- Three reporting schedules
- Three different DEX and qualitative reporting requirements
- Staff duplicating information across multiple systems
- Multiple Activity Work Plans
- Multiple service-level administrative and governance requirements

We strongly support the principles emphasised in the discussion paper:

- Increasing ACCHO-led service delivery
- Reducing duplication
- Strengthening culturally safe, community-led family supports
- Streamlining reporting
- Flexible, place-based models
- Services that reflect community need

However, the current reform scope does not reflect them in practice for our delivery of multiple DSS programs.

Recommendation

We believe the ACCHO sector, especially ACCHOs servicing very remote communities, should be prioritised for reform.

In regions like ours, where child protection involvement and family and domestic violence rates are unacceptably high and services are extremely sparse, integrated ACCHO-led models are essential to improve health and wellbeing for Aboriginal families.

We ask DSS to:

- undertake direct discussions with ACCHOs delivering multiple DSS programs to expand the reform scope under a single relational contract, regardless of what stream they fall under.
- prioritise ACCHOs for longer-term (5-year+) agreements to support stability, workforce retention and Closing the Gap commitments.
- engage specifically with remote ACCHOs where service delivery conditions differ significantly from metropolitan or regional areas.

KWHB strongly supports the intent of the reform to simplify funding, reduce administrative burden and strengthen ACCHO-led service delivery. However, as it currently stands, the reform excludes two of the three DSS-funded client-facing programs we deliver to families experiencing some of the highest levels of vulnerability in remote Australia - vulnerabilities which stem from the ongoing impacts of colonisation, intergenerational trauma, and entrenched social determinants of health and systemic racism our community members face each and every day.

We urge DSS to reconsider the scope to better align with the realities of service delivery in remote Aboriginal communities and to honour the commitment to strengthen ACCHO-led systems that are culturally safe, holistic and community driven under Priority Reform 2 of the Closing the Gap Agreement.

KWHB welcomes the opportunity to collaborate with DSS to design a streamlined, culturally responsive, integrated approach that delivers genuine impact for Aboriginal families and children living in remote communities.

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