Better Place Australia response to DSS:

‘A new approach to children and family programs’

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Executive Summary

The Department of Social Services (DSS) has proposed consolidating five existing programs – Children and Parenting Support, Communities for Children Facilitating Partners, Family Mental Health Support Services, Family and Relationship Services, and Specialised Family Violence Services – into a single, national, outcomes-focused program. While the stated aim is to simplify reporting, increase flexibility, and strengthen early intervention, the proposed design raises significant concerns about scope, inclusivity, and responsiveness. Better Place Australia is particularly concerned about the potential social impact and the implications of transitioning existing programs into three rigid funding streams.

Narrow scope and focus

The proposed program reflects a narrow, Western, nuclear conception of family, centred on parents with dependent children. This framing overlooks many people already accessing existing services, including individuals and couples without children, older adults, and the broader relational networks that underpin family wellbeing. Healthy families rely on strong relationships across the life course, and it is essential that children and family services remain available to all individuals and families. By positioning parental skills and confidence as the central determinant of child wellbeing, the proposal overlooks the social, relational, cultural, and community factors that contribute to development. It also fails to acknowledge grandparents, extended family, kinship networks, community leaders, and faith- or culture-based supports. This focus places disproportionate responsibility on parents and limits access for many others who require support.

The program's key areas of interest focus on children aged 0–5, young parents under 25, and families at risk of child protection involvement. This does not reflect the DSS's own evidence. While middle childhood and adolescence are recognised by the DSS as critical developmental periods, they are largely absent from the proposed design. Early intervention can occur at any stage of the life course, and support must be available to all individuals, couples and families, not only those that align with a specific developmental stage or life circumstance. Failing to address the needs of older children and adolescents risks reinforcing existing service gaps and missing opportunities to strengthen outcomes during other important stages of development. It also risks excluding those that do not have young children from the services that can support their needs.

Rigid program structure

The three proposed funding streams oversimplify how families actually engage with services. Programs such as FaRS and FMHSS span prevention, early intervention, and more intensive supports, yet the proposed design imposes artificial boundaries that do not reflect this reality. Families move along a continuum of need, but the current structure offers no pathway for seamless transition between streams. This creates gaps, particularly for individuals and families who are not in crisis but still require ongoing support, and for those whose needs fall outside the narrow focus on early childhood and young parents. Better Place Australia proposes an alternative, cohort-based model structured around

Children and Young People, Adults, and Older People, which would better support a life course approach and enable flexible, responsive service delivery.

Inclusion and diversity

The DSS states that the new program will be *"more inclusive and better able to meet the needs of diverse children and families,"* (p.1) yet the proposal provides little detail on how this will be achieved beyond the inclusion on Aboriginal and Torres Strait Islander communities.[1] Previous consultations have identified the need for culturally safe, disability-accessible, LGBTQI+ inclusive, and father-friendly services, but these priorities are not reflected in the proposed design.

Lack of co-design and consultation

The development of the proposal does not demonstrate a community-driven approach. Limited detail and the short timeframe for feedback suggest that key decisions may already have been made, leaving little opportunity for services, communities, children, or young people to meaningfully contribute. Genuine reform requires engagement with those who deliver and rely on services, to ensure programs are responsive, effective, and aligned with community needs.

Social impact

Reform is necessary to ensure programs remain contemporary and responsive. However, the current proposal does not demonstrate that the DSS has taken the time to carefully consider the social impact or how these changes will affect the people and communities who rely on these services. The narrow focus, rigid streams, and limited inclusivity risk widening existing service gaps, particularly for vulnerable cohorts who are currently under-supported. Without a more holistic, life course, relational, and community-focused approach, the program may fail to deliver its intended outcomes and could undermine the flexibility and responsiveness that the reform seeks to achieve.

Conclusion

Better Place Australia supports the goal of a streamlined, outcomes-focused approach but is concerned that the current design does not adequately reflect the needs of contemporary families. To be genuinely flexible and responsive, the program must:

- Recognise the diversity of families and the broader relational networks that support children;
- Support flexible pathways across the life course rather than narrow cohorts or rigid activity streams;
- Embed inclusive, culturally safe, disability-accessible, and LGBTQI+ affirming practices; and
- Be evidence-based and developed through meaningful consultation with communities, services, and children.

Only through these approaches can the proposed reforms deliver equitable, responsive, and effective support for all children, families, and communities across Australia.

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List of acronyms

ACCO	Aboriginal Community Controlled Organisation
CaPS	Children and Parenting Support
CfC FP	Communities for Children Facilitating Partners
DEX	Data Exchange – A program performance reporting solution developed by the DSS in consultation with organisations
DSS	Department of Social Services
FaC Activity	Families and Children Activity - The DSS program that funds CaPS, CfC FP, and FMHSS
FaRS	Family and Relationship Services
FMHSS	Family Mental Health Support Services
SFVS	Specialised Family Violence Services

Note: This document has been edited to remove confidential and sensitive information which was included in the original submission to the Department of Social Services.

Vision and Outcomes

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

While the new vision appears sound at first glance, it does not fully reflect what children and families need to thrive. It positions the skills and confidence of families as the primary or sole determinants of children's wellbeing. This is despite the DSS's stated priority to "*break cycles of disadvantage*" (p. 4) – which are typically beyond the control of caregivers.[2] This narrow focus risks overlooking the structural and contextual factors that influence children's outcomes.

Read alongside the broader plan, the vision also reflects a narrow, Western, and nuclear concept of 'family'. In practice, many children in Australia are supported not only by parents but grandparents, extended family, kinship, community leaders, and cultural or faith-based groups. By positioning parents and caregivers as the central source of a child's wellbeing, the vision overlooks the important role of these broader relational networks. It also unintentionally excludes others who access family services, including individuals and couples without children, people experiencing fractured family relationships, and older adults who rely on these programs for support.

The vision suggests that family services are the primary solution to improving children's wellbeing, with their contribution limited to building caregiver capacity. Providing parents with the skills is one part of the issue which services can play an important role in; however, this is difficult to do when parents are facing broader issues. Family services cannot address the full range of structural or systemic factors that shape children's lives and parent's ability to care for them. In our practice, we also see the impact of strong social connection through extended family members, schools, faith groups, community sport, and other services. While the DSS's evidence summary recognises these broader influences, the proposed vision, outcomes, and program as a whole fails to recognise them.[3] A more inclusive and comprehensive vision would acknowledge (or at the very least, not exclude) the influence of community, culture, and intergenerational relationships, alongside the broader social and economic factors affecting families. Children and families thrive when they are supported by strong social environments and equitable access to the resources they need.

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.

First and foremost, the outcomes focus on parents and children, overlooking and excluding the needs and potential outcomes for all other forms of families. The outcomes do not reflect the clients currently serviced by the programs this new national program intends to consolidate. FaRS clients in particular are not reflected. Because relationships come in all shapes and sizes, relationship services must be available across the life course. Healthy families begin with healthy relationships. Relationship counselling has an

important role developing strong foundations for relationships, supporting a range of issues including respectful communication, mental health, and future parenting.

When considering these outcomes in relation to parents with children, similar to the proposed vision, the outcomes place a strong and narrow emphasis on the role of parents. This framing of families reflects a Western, Anglocentric and individualistic concept of a nuclear family. It does not reflect contemporary understandings of families and is out of step with the DSS's own *Families and Children Activity Outcomes Framework*.[4] The proposed outcomes place a strong and narrow emphasis on the role of parents and caregivers. This does not reflect the broader family and community that play important roles in a child's wellbeing and the range of factors that support or hinder families. While the role of parents is important, the wellbeing of children is shaped by a whole network of people and systems, not just the narrow, nuclear family structure implied in the proposed program. Older people, especially grandparents, can provide emotional, cultural, and practical support that strengthens family functioning, yet their contribution is not recognised. The intended outcomes are also not culturally appropriate for CALD and First Nations communities where elders, extended kin, and community leaders can play an important role in supporting children. A more inclusive outcome framing would be to focus on 'couples and families' rather than 'parents and caregivers'.

Child wellbeing is also influenced by a range of factors beyond parents' skills. It is difficult for parents to be empowered to support their children when their broader needs are not being met. Parents experiencing financial difficulties, family violence, mental health issues, or housing instability may not have the capacity to function without access to additional support services. While family services can provide referrals where needed, these services alone have limited capacity to empower parents experiencing complex challenges.

Both outcomes also rely on terms such as 'healthy' and 'resilient' without clear or inclusive definitions. Children with disability, developmental differences, or chronic health conditions are not explicitly reflected in these outcomes. Without broader language, the outcomes risk being interpreted as ableist. Contemporary practice tends to frame child wellbeing in terms of being safe, nurtured, capable, connected, and supported, rather than simply 'not unwell'. The use of broader language such as 'thriving' and 'connected' children may also be more reflective of contemporary practice where the aim is to support children and their families to learn, grow, and thrive.[5]

Several existing national frameworks already provide clearer and more comprehensive outcomes relating to wellbeing that would strengthen the program. First, the Australian Government's framework *Measuring What Matters* identified five wellbeing themes, including 'secure' and 'cohesive'.[6] These domains may offer more realistic and appropriate outcome areas for family services than 'health', given the preventative, relational, and psychosocial nature of the work. Second, the DSS's own *Early Years Strategy 2024-34* identifies eight clear outcomes which includes recognition of children's social, emotional, physical, and mental health; recognises the influence of communities; and emphasises nurturing, safety, and connection.[5] Aligning the program outcomes with this existing

framework would support coherence across government priorities. Third, national frameworks such as *Safe and Supported* and the *National Plan to End Violence Against Women and Children 2022-2032* emphasise safety, cohesion, and holistic wellbeing for children and families affected by violence.[7,8] Embedding these concepts, along with children's participation and voice, would ensure programs reflect contemporary understandings of family wellbeing and the diverse needs of those accessing services.

In practice, measures of health and resilience will not look the same for all children and families. For example, indicators relevant for children with disability, neurodivergence, or chronic health conditions may differ significantly from those typically used for developing children. Similarly, culturally grounded understandings of wellbeing within First Nations and CALD communities emphasise connection, identity, belonging, and kinship strength, which are not captured in the current outcomes. Clear, inclusive, and culturally responsive indicators are essential to ensure the outcomes are measurable and reflective of the diverse ways that children and families experience wellbeing. Better Place Australia's Model of Care focuses on the following client outcomes: empowerment, safety, wellbeing, healthy relationships, and social connection.[9] These outcomes are underpinned by service principles relating to client voice and lived experience, culturally safe, child safe, family violence safe, and self-determination.

Program structure

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

Based on the limited information provided, a single national program does not appear to provide more flexibility for our organisation. The current proposal does not recognise that families do not experience challenges in a linear way. Instead, they move along a continuum of need depending on what is happening in their lives. Families require support at all stages across the life course, not just in the early years or when there is a risk of child protection interventions. For the single program to be genuinely flexible, families across the life course must be able to move between levels of support as needed, without losing access to the type of assistance that best fits their situation. A rigid structure with distinct streams risks creating new and larger gaps rather than addressing existing ones.

While intended to simplify the system, the three proposed streams introduce boundaries that do not reflect how families engage with services. Many service models span prevention, early intervention and more intensive supports. Under the proposed design, movement between streams may become administratively complex, undermining the aim of the reform to be more flexible and responsive.

The proposal also appears to narrow the scope of services it intends to consolidate by drawing heavily on the previously reviewed FaC Activities relating to children, youth, and parenting programs, rather than the full suite of the five programs.[4] While FaRS and SFVS are named in the list of programs being consolidated, these services are not reflected in the proposed design. We are concerned that this lack of alignment may disadvantage

these services in tender processes and limit providers' flexibility to offer supports that fall outside the new priority areas.

FaRS, in particular, is the only publicly funded couple and family counselling service outside the private sector. It has a much broader focus on preventing family breakdown and supporting relationships across the life course. If the new program places disproportionate emphasis on parenting programs or group work, counselling risks being unintentionally devalued or deprioritised. This would reduce our flexibility to offer the broader relational and early support we currently provide which can prevent escalation into more intensive services.

Families are much more diverse than just parents and children, and the challenges they face are also diverse. We are also concerned that this shift towards parents and children could weaken holistic family and relationships support across the life course, particularly for individuals and couples whose needs sit outside a narrowed focus on early childhood, young parents, and child protection. Providers require flexibility to respond to diverse presentations, not only those that align with a specific developmental stage or life circumstance.

For organisations like us that deliver multiple DSS-funded programs, the proposed streams also raise practical concerns. Many providers operate several programs with distinct service models and staffing structures. For example, while Better Place Australia's FMHSS offers centre-based appointments, it is predominately outreach-based and includes case management, groupwork, and psychoeducation delivered in schools and community settings. While our FaRS is primarily delivered through scheduled centre-based and online counselling for individuals, couples, and families. Focusing these different models into a single stream structure would require significant and potentially disruptive redesign. There is currently no clear indication of how this added complexity would be supported or funded. The highly porous nature of the streams further complicates this, as many services span prevention, early intervention, and more intensive supports.

For Better Place Australia and other organisations delivering multiple DSS-funded programs, a single national program could provide some flexibility by reducing administrative efforts, allowing organisations to complete one grant application and reporting process. However, it is important to note, limited information about how a single program will operate in practice makes it difficult to assess how 'flexible' it will ultimately be for providers. At this stage, it creates more questions than solutions, including:

1. Will the government provide financial and practical support to help service providers redesign and restructure to fit the new funding streams?
2. How will current client cohorts and service activities not reflected in the proposed program design be supported?
3. Will the grant provide flexibility to shift funding between program activities and streams beyond what is initially proposed in order to respond to community need?

4. Will the program support the current workforce that specialise in non-parenting related family and relationship services or will this knowledge and experience by lost from the sector?
5. Has a comprehensive service needs analysis and service mapping been completed? Is the new program meeting a gap in the broader service footprint for current and emerging needs?

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 three proposed activity streams create artificial boundaries that do not reflect the lived experiences of couples and families or the service models currently delivered. Families move between different levels of need over time, and the proposed structure does not provide a clear or flexible pathway for this movement. As designed, the streams leave significant gaps, particularly for individuals and families who are not in crisis but still require ongoing support, and for cohorts whose needs sit outside the narrow early childhood and young parent focus. The proposed streams risk leaving large groups of people with no obvious place to access support, increasing the likelihood of families falling through the cracks.

What is needed is a continuum of support that allows people to move seamlessly as their needs change across the life course, rather than a series of disconnected categories. In practice, families do not ‘sit’ in one stream, they move across them. The service system must be designed to support this movement rather than restrict it. The absence of support for ‘middle group’ families experiencing escalating stress but who do not meet the crisis threshold for intensive intervention highlights a significant gap between the proposed early intervention and intensive support streams.

There is also no clear alignment between the three proposed streams and the FaRS and FMHSS programs we currently deliver at Better Place Australia. These programs appear to span multiple streams, and clients rarely fit into a single category. The stream structure oversimplifies service pathways and does not reflect how clients move in and out of different levels of need. Without detailed guidelines explaining what activities fit within each stream and how people will be supported to transition across them, it is difficult to confirm whether the proposed structure will work in practice. At present, the model creates more uncertainty than clarity and risks narrowing services rather than expanding them.

Our FaRS program demonstrates the mismatch between the proposed model and current service delivery. FaRS provides counselling for individuals, couples, and families, as well as group programs. These activities sit across prevention, early intervention, and intensive support depending on the client’s needs. Our clients are not limited to parents with young children or those with child-related issues. FaRS is also the only publicly funded couple and family counselling service outside the private sector, and the reform’s strong emphasis on parenting programs and families with young children creates the risk of deprioritising

counselling, despite its critical role in preventing relationship breakdowns and supporting wellbeing across the life course.

Case example:

The following case example demonstrates some of the challenges experienced by LGBTQI+ couples. A same-sex couple in their mid-30s presented to FaRS seeking support after a period of increased conflict and emotional withdrawal. This was linked to experiences of discrimination and family rejection. The external pressures were impacting trust, communication, and intimacy. They sought counselling to rebuild connection, strengthen coping strategies, and develop healthier communication patterns. This case highlights the role that existing services have in supporting diverse families and the importance of affirming, culturally safe relationship support for LGBTQI+ individuals experiencing minority stress and relational strain.

Our FMHSS program, which serves Frankston, an area of socioeconomic disadvantage, also does not map neatly onto the proposed streams. FMHSS supports children and young people up to age 18 and their families through brief intervention and longer-term case management. We also provide group programs for parents and children. Many of our clients require ongoing support and case management for complex problems. Under the current design, there is no clear pathway for these groups to access support. This highlights a substantial gap in the proposed structure and risks losing entire cohorts of clients who rely on our services.

The narrow focus on children and parents also excludes individuals and couples without children, older people experiencing family conflict, and young adults experiencing family and relationship breakdown. These groups currently use our services, however, there are significant concerns about whether they will be able to access services within the new model.

For organisations like ours that deliver multiple DSS-funded programs, the proposed streams raise practical concerns. Many providers operate several programs with distinct service models and coordinators. Aligning these diverse services within a national program is likely to require significant internal restructuring and redesign, with no clear indication of how that added complexity would be supported or funded. The highly porous nature of the streams further complicates this, as many services naturally span prevention, early intervention and more intensive supports.

Better Place Australia proposes an alternative stream structure that shifts from activity-based streams to a cohort-based, life course model: Children and Young People (Stream 1); Adults (Stream 2); and Older People (Stream 3). This would prevent clients from moving in and out of different services as their needs change. It would also capture cohorts currently overlooked in the proposed model and allow services to respond more appropriately to the diverse needs across the life course.

One need not explicitly addressed by these streams and that sits beyond the scope of current child and family services is broader efforts to increase awareness and improve

navigation of available supports for families. While these activities may fall under the proposed Stream 1, a coordinated government approach is needed, allowing services to focus on community and client need. A centralised online resource hub commissioned by the government would allow small or medium providers like Better Place Australia to direct families to a single, easy-to-navigate platform with up-to-date information on all available supports, including those across different funding programs. Two government funded website illustrate this consideration: Compass.info and the National Debt Helpline.[10,11]

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

There are several changes or additions that would help our organisation and the communities we support overcome current challenges.

First, improving accessibility to services through clear guidance on service delivery modalities. Online, phone-based, and hybrid models are essential for families who are time-poor, lack transportation, or are managing safety concerns. However, we need clear guidance on the safe, appropriate and engaging use of online delivery for children, as this remains a complex area in practice.

Second, the program design needs to clarify where long-term therapeutic and relational work fit within the structure. Without this, there is a risk that deeper, evidence-based supports will be deprioritised in favour of lower-cost, high volume interventions. These longer-term approaches are essential for families with complex emotional and relational needs, yet their place in the new model is unclear.

Third, the proposed program must acknowledge the tension between genuine collaboration between service providers and competition for funding. Services want to work together meaningfully, but current funding arrangements and competitive tenders can make this difficult.

Finally, broader system alignment is essential if the program is to function as intended – or with the recommended improvements. There is a risk that large national initiatives or helplines could dominate Stream 1, duplicating existing Commonwealth information services and reducing investment in the supports delivered through Streams 2 and 3. While these initiatives are important, it is also necessary to recognise that the Australian Digital Inclusion Index estimates that one in five Australians are digitally excluded.[12] The lack of mention of accessibility (both in terms of disability but also geographically) within the proposed plan raises questions about whether these types of needs have been considered.

Furthermore, families face a range of challenges which are currently being addressed by other state and federally funded programs. For example, Better Place Australia works with families every day through programs funded by the Attorney-General's Department. However, the DSS has not mentioned how the proposed program will align with these services or the benefit this alignment could provide to families. This represents a missed opportunity to align the reform with other major Commonwealth initiatives.

There are also concerns that the proposed program may overlap with existing state service systems rather than working with them. For example, in NSW, state-funded Intensive Family Based Services already operate in the 'intensive' space, creating a risk of duplication.[13] In Victoria, significant investment in early years reforms such as *Best Start, Best Life* has concentrated funding at the beginning of the life course, leaving the already underfunded middle years particularly vulnerable.[14] State and federally funded programs should work together to create a continuum of care and support within family services. How does the proposed single national program fit within the broader social service system and policy landscape? Recognition of this broader ecosystem is currently not articulated, and a misalignment risks creating service gaps in some areas while duplication on others.

Prioritising investment

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

Overall, the four priorities provide a good starting point for improving outcomes for children and families. However, to be fully effective, they need to be broadened to reflect a whole-of-life, relational, and community-focused approach that aligns with contemporary family support practice. By prioritising groups based on where the DSS can make the most measurable difference, many of the cohorts that currently access these services may be overlooked. This raises the question about the cost-benefit and whether the broader needs of children and young people can be fully met. While priorities are necessary, investment into certain cohorts of clients should not come at the detriment of others. Investment should also not only fund services but strengthen the broader ecosystems that help families to thrive.

Priority 1:

The intent behind this priority is sound, but several aspects require clarification.

First, the language around 'breaking cycles of disadvantage' is vague in the context of the proposed program. Many of our clients experience multiple layers of disadvantage, including trauma, financial difficulties, parental mental health issues, substance misuse, incarceration, housing instability, or disability. People experiencing disadvantage may not be able to access tertiary services when necessary as they are not deemed unwell or at risk 'enough' to access support or child protection. These issues are influenced by many structural determinants (e.g., housing insecurity, cost of living, and access to support) that are beyond the scope of children and family services. While programs like those offered at Better Place Australia can help respond to and reduce the impacts of disadvantage, we cannot resolve systemic drivers.

The DSS should clarify what 'breaking cycles of disadvantage' means within this program and outline how early intervention within these services is expected to interact with state and federal systems addressing these broader determinants.

Second, the current framing appears to conflate early intervention with early years programs, which risks duplicating state-funded early childhood initiatives. Early intervention should focus on providing timely support when issues emerge, regardless of age, life stage, or family configuration. Clear differentiation between these concepts, and alignment with existing federal and state programs is essential in avoiding duplication, ensuring effective use of resources, and ensuring other opportunities for early intervention are not lost.

Finally, the emphasis on child protection involvement does not reflect the focus and realities of many of the programs the DSS seeks to consolidate. Grouping these unique services together under a priority closely tied to child protection risks overstating the relevance of this issue across the broader program and misdirecting investment away from other family issues requiring early intervention.

Priority 2:

This priority area is well intentioned, but the practical implementation areas are challenging. Effective integration depends on strong relationships between service providers, shared purpose, community-led networks, and collaborative governance, not just co-location. While co-location can be valuable, it is often impractical due to financial constraints, limited real estate, and the realities of rural and remote service delivery. In many contexts, coordinated care and well-developed referral pathways are more effective than shared physical spaces. The government should strengthen coordination between services and improve accessibility through well-maintained resources and a centralised online resource hub.

Integration also depends on aligned funding models. Services relevant to children and families are currently funded through many state and federal programs, and integration cannot be achieved without coordination in commissioning. Families need clear and accessible pathways to services. This can be supported by investment in accurate service directories (for both the public and practitioners), user-friendly access points (including community hubs, helplines, local community centres, and digital platforms), and referral mechanisms that help people navigate services during key transition points.

Within our local context, integration already operates effectively through our service model at Better Place Australia. We bring together multiple services funded through different state and federal streams. This enables clients to remain within a single organisation as their needs change, rather than navigating multiple external providers. This continuity is consistent with a trauma-informed approach, reduces the burden on families to retell their stories, and supports smoother transitions between prevention, early intervention and more intensive supports as needed. Our experience demonstrates that meaningful integration is achieved when funding settings enable coordination and services are designed around client needs rather than program silos. As we offer services both in-person and online, our integrated services are possible even when not physically co-located.

Many clients accessing these services will also be eligible to access other federally funded services, such as those funded by the Attorney-General's Department. Currently, there is dissonance between these programs and the proposed streams, which may hinder service coordination if not addressed. Integration must also be culturally responsive. Some communities (particularly CALD clients) may deliberately seek out services that are not connected or co-located, to maintain privacy and anonymity. The Victorian Information Sharing Scheme has shown how difficult integration can be in practice due to differing privacy frameworks and data sets. Clarity is needed as to what sharing information looks like in practice under the new scheme. For example, are care coordinators needed who can work across services?

Priority 3:

Better Place Australia strongly supports this priority. Responding to community needs should be fundamental to any service design and delivery. However, clarity is required around how community needs will be identified, who is responsible for this, and how lived experience will inform planning and tender processes. Community needs are not static; services require flexibility to adapt as circumstances change.

To ensure funding reflects the needs of communities, the DSS needs to provide information on the division of funding across streams, and how decisions will be made regarding allocation of funding to programs and activities within a stream. Funding decisions should draw on local, place-based data collection and recent evaluation of programs, in addition to broader data sets. The broad, national data sets outlined by the DSS as key sources do not always capture complex and localised patterns of social, economic, and service-related disadvantage. The DSS also needs to consider more nuanced indicators of community need such as service demand and waitlists, prevalence of family violence, availability of local support services, accessibility barriers, and underreporting.

This priority should emphasise the need for flexibility, both in terms of the nature and duration of support. Families and individuals present with diverse needs, and rigid program structures can reduce the effectiveness of support. Greater flexibility would enable providers to tailor responses, address emerging risks (e.g., school refusal, adolescent violence, family violence, and the diverse experiences of neurodivergent parents and children), and maintain ongoing engagement with services where needed.

Priority 4:

This priority is essential and strongly supported. As a mainstream organisation, we do not wish to speak on behalf of Aboriginal and Torres Strait Islander communities. We support the intent to increase ACCO-led service delivery and recognise the central role of community-controlled organisations in improving outcomes for First Nations children and families.

To enable meaningful collaboration, further detail on how mainstream organisations can partner effectively with ACCOs is needed. In regions where ACCO infrastructure is still

developing, guidance on partnership expectations, capability building, and culturally safe commissioning would be valuable.

We also support expanding the number of ACCOs delivering supports in locations with large Aboriginal and Torres Strait Islander populations, where this is identified as their first preference. At the same time, it is important to recognise that some First Nations people prefer to access mainstream services. Therefore, investment should also support mainstream organisations to maintain culturally safe practices.

Are there any other priorities or 'issue' you think the department should be focussing on?

Several population groups identified in the DSS's broader consultation and evidence summaries are not reflected in the current priorities, including CALD communities, LGBTQI+ families, people with disability, and men and expectant fathers.[3,15,16] In its FaC children, youth and parenting programs review, the DSS acknowledged that culturally and/or linguistically diverse people were 40% less likely to access these programs than people from non-CALD backgrounds.[4] Similarly, the same review also recognised that children and young people with disability were 14% less likely to access CaPS and CfC FP services, and much less likely to access FMHSS services than those without disability.

Explicitly recognising these cohorts would better support inclusive, culturally safe access and equitable service delivery. Strengthening the priorities to include these cohorts and recognise children's voice will help ensure inclusive and culturally safe access and service delivery. Services must be available to everyone across the life course regardless of age, parenting status, or family configuration. While identifying priority groups are a necessary aspect of any program, this should not be to the detriment of others who need support from the same services.

Case example:

The following case example demonstrates some of the challenges experienced by LGBTQI+ couples. A same-sex couple in their mid-30s presented to FaRS seeking support after a period of increased conflict and emotional withdrawal. This was linked to experiences of discrimination and family rejection. The external pressures were impacting trust, communication, and intimacy. They sought counselling to rebuild connection, strengthen coping strategies, and develop healthier communication patterns. This case highlights the importance of investing in affirming, culturally safe relationship support for LGBTQI+ individuals experiencing minority stress and relational strain.

Another consideration is that services should be able to provide individualised care and flexible packages of support. People can face challenges at any point in the life course of a family, not just when children are young. The priority should be families in general and not just families with young children. Children aged 5 years and older are underfunded and under serviced and restricting the focus to a narrow developmental window represents a missed opportunity to provide much need support.

Improving family wellbeing

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?

By prioritising groups where the DSS can make the most measurable difference, several cohorts that currently access services may be overlooked. This raises questions about the cost-benefit of the proposed reform, and whether the broader needs of children, young people, and families beyond the narrow focus can be fully met by the new program.

Overall, the proposed focus areas do not fully reflect community need or the priorities of our services. While supporting families at risk of child protection involvement and young parents is important, these areas do not align with the profile of clients currently accessing Better Place Australia's FaRS and FMHSS, nor with the broader purpose of these programs. Both programs support individuals and families across diverse life stages, relationship structures, and levels of need, much of which are not included in the narrow areas outlined.

The emphasis on prevention and early intervention in the 0-5 age range overlooks a significant cohort of middle childhood and adolescence who require timely support. A rigid early intervention definition that excludes young people is problematic, particularly when the DSS's own evidence summary acknowledges this as a critical period of development that is already underfunded.[3] Overlooking this cohort again represents a significant missed opportunity for early intervention. Many families seek support as children progress through primary school and into high school. Ignoring this developmental period is not only inconsistent with the research and evidence conducted by the DSS but it does not align with the needs of FaRS and FMHSS clients.

FMHSS provides holistic mental health support to children and young people aged up to 18 years and their families through a case management model. Mental health is not linear, and young people experiencing fluctuating needs often fall into the 'missing middle' where they are too complex for entry-level supports, yet do not meet the threshold for tertiary supports that prioritise crisis intervention. FMHSS plays a key role in bridging this gap, connecting young people to mental health programs and other relevant services before crisis escalates.

FaRS supports individuals, couples, and families by building strong social connections and improving emotional wellbeing through relationship counselling. Maintaining strong relationships through counselling supports stable family structures and plays a critical role in reducing long-term conflict.

In practice, early intervention within both our FMHSS and FaRS programs occurs across all age ranges not just during the 0-5 years range. Restricting the focus area to a narrow developmental window would leave large groups of children, young people, and families without much needed support.

The proposed focus on families at risk of child protection involvement does not reflect service demand. Only a very small proportion of our FaRS and FMHSS clients are at risk

of child protection involvement. The majority of service need we experience is driven by mental health challenges, relationship distress, family breakdown, and social isolation, and is not at a crisis-level of risk.

Both FaRS and FMHSS operate as early intervention and ongoing management services because families often seek help before crisis intervention is needed. Narrowing the focus to child protection risk would fundamentally shift the purpose of these programs and exclude the broader population of individuals, couples, and families without dependent children, and older adults who rely on these services. This demonstrates that the proposed focus does not reflect the realities of service delivery.

There are also existing state services that already operate in the 'intensive' or early years space such as the NSW Intensive Family Based Services or *Best Start, Best Life* program in Victoria.[13,14] This proposed new program risks duplicating existing investment if the focus narrowly remains on families with children aged 0-5 years and those at risk of child protection. Transitions and challenges continue into middle childhood and adolescence, and these stages should be acknowledged within the program design. Clear alignment between state and federal funding systems is essential to avoid duplication of resources and to ensure to program works alongside existing services.

Young parents under 25 represent an important group however, the FaC evidence summary found that in 2022 the median age was 31.9 for mothers and 33.7 for fathers.[16] Focusing narrowly on young parents, risks assuming they are inherently less prepared to raise children. However, Better Place Australia's experience shows that parents of all ages face significant challenges. In particular, older and second-time parents frequently present with complex family dynamics that require tailored support. This includes blended families, step-parenting conflict, adolescent mental health and behavioural concerns, co-parenting after separation, and intergenerational trauma.

Below are de-identified case examples which demonstrate the complexity of cases we see that would be overlooked by the proposed program.

Case example 1:

A grandmother in her 50s became the primary carer for her two grandchildren due to family conflict and parental mental health challenges. She sought support through FaRS for stress, isolation, and difficulties managing adolescent behaviour and trauma responses. This case reflects a growing number of older carers who access our services who require tailored, long-term relational, and emotional support.

Case example 2:

A couple in their mid-40s presented to FaRS following a relationship breakdown. Both were second-time parents in a blended family with children from previous relationships, including two teenagers. The family required tailored parent and couple counselling, seeking support to rebuild communication and coordinate planning across two households. This case reflects the complex relational and developmental challenges frequently faced by older or second-time parents.

Case example 3:

A couple in their early 40s, together for 15 years, presented to FaRS due to increasing emotional disconnection and conflict following significant life stressors, including grief, bereavement, and work pressures. They sought support to address communication breakdown, reconnect emotionally, and realign shared goals. This case highlights the relational challenges child-free couples in mid-life can face, particularly in navigating identity, loss, and future planning outside of a parenting framework.

Overall, the proposed focus areas are based on a limited view of 'family' as only households with young, dependent children. The needs of the vast majority of our clients are not recognised under the proposed priority areas, raising questions about their ability to access the support they need if these reforms move forward. The proposed focus areas do not reflect the diversity of people who rely on these services, including individuals, couples without children, older adults, grandparents, blended families, and couples with older children or teenagers. The issues our clients face such as relationship distress and breakdown, family conflict, mental health challenges, and social isolation are not confined to any household structure or stage of life. Despite this, the current framing risks excluding the very cohorts who rely most heavily on these services.

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

As emphasised throughout this submission, the DSS must recognise the role that children and family services have in supporting families across the life course. Individuals, couples, and families of all ages, configurations, and relationship stages must have access to the support that they need.

It is important to note that early intervention is not limited to the early years, it is about timely support across the life course. Expanding focus beyond children aged 0-5 years and young parents would better capture the diversity of family experiences and enable more preventative and supportive approaches. A better-aligned set of focus areas would take a whole-of-family, whole-of-life approach, recognising diverse family structures and the issues they experience, and the importance of early support at any point in the life course. This would more accurately reflect community need and ensure the program is positioned to meet the realities of service demand.

Two additional aspects the DSS should consider are outlined below.

First, the DSS's evidence summary acknowledges protective factors at multiple levels – individual, family, community, and broader society.[3] However, the proposed program does not recognise the role of community or broader societal structures in supporting (or hindering) positive outcomes for children and families. A stronger emphasis is needed on the way communities shape children's wellbeing, as wellbeing cannot be separated from the social, cultural, and relational environments in which children grow up in.

Second, based on our practice experience, other priority areas are parents of neurodivergent children, individuals and couples without children or dependent children,

older people, grandparent carers, multi-generational families, and non-nuclear families. Previous consultations have also highlighted priority groups that are not represented, including CALD communities and LGBTQI+ families.[3,15,16] These groups are examples of why it is important to embed community into the program model, recognising that family wellbeing is influenced by the supports, connections, and environments around them.

Connected, co-located, and integrated services

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

Our FMHSS program has seen successful while being co-located alongside or near other services. Based in Frankston, our office is across the corridor from both Relationship Matters and The Babes Project. We are also walking distance to other services including Orange Door, mental health services, housing services, and Indigenous health programs. The closeness of these services means that we can walk with our clients to these organisations, supporting warm referrals.

However, the success of this co-location is not necessarily being physically close from a client access perspective. The benefit of this co-location is that is has enabled us to develop good relationships with neighbouring organisations and a strong network with local services. For example, in the last month alone, our FMHSS case workers have been able to make referrals to the Relationship Matter's Accessible Psychological Interventions (API) program.

Effective integration requires relationships, collaboration through shared purpose, and warm referral pathways. While co-location can be valuable, building genuine collaboration requires time, trust, shared values, adaptable delivery models, and clear accountability.

It is important to also highlight that co-location is often impractical due to financial and structural constraints. For some communities, co-location of services can be seen as restricting freedom and choice by limiting services to one location. This is particularly relevant for rural and remote locations where one location may not be convenient as it can require significant travel to access services. Furthermore, some communities may be hesitant to seek out services that are co-located due to concerns of privacy and anonymity.

Better Place Australia has seen effective models that demonstrate how services can connect and coordinate for families without being co-located.

Example 1: Multi-service approach within one organisation

Within our local context, integration already operates effectively through our service model at Better Place Australia. We bring together multiple services funded through different state and federal streams. In addition to FaRS and FMHSS, we provide services funded by the Attorney-General's Department focusing on families experiencing separation or family breakdown (e.g. Family Dispute Resolution, Supporting Children after Separation Program, and Children's Contact Services). We also support older people experiencing

elder abuse and their families and provide financial counselling services. This enables clients to remain within a single organisation as their needs change, rather than navigating multiple external providers. This continuity is consistent with a trauma-informed approach, reduces the burden on families to retell their stories, and supports smoother transitions between prevention, early intervention and more intensive supports as needed. Our experience demonstrates that meaningful integration is achieved when funding settings enable coordination and services are designed around client needs rather than program silos. As we offer services both in-person and online, our integrated services are possible even when not physically co-located.

Example 2: Outreach services

Outreach models can also be effective, particularly through community centres and schools where programs can meet families where they are. For example, Better Place Australia's Supporting Children after Separation Program (SCASP) delivers support directly within primary and secondary schools where needs have been identified, helping to promote and support the wellbeing of children and parents experiencing relationship breakdown.

Similarly, FMHSS also provides assertive outreach in which our practitioners go into homes, schools and community settings within Frankston and Mornington Peninsula, providing holistic, family-based interventions to children and young people experiencing mental health challenges. These outreach approaches focus on meeting families where they are at, rather than requiring them to attend centre-based services.

Example 3: Multi-agency approach

Within our services, we use a multi-agency approach, specifically the Risk Assessment and Management Panel (RAMPs). This provides structured collaboration for complex cases of family and elder abuse, allowing services to share risk information and plan a coordinated response for clients at high risk of serious harm.

Other considerations

Integration of services is also strengthened through effective case management. Integration can occur when case management discussions actively coordinate access to a range of services. To support this, discussions and planning by case managers should be recognised in organisational KPIs, ensuring time spent connecting clients to the right services is valued and measured as part of service outcomes. This encourages organisations to prioritise integrated planning and follow-through. However, our ability to engage in case management tasks is limited by the way in which DSS collects data. For FMHSS, KPIs for our team are counted according to face-to-face work conducted with clients. Our team do a considerable amount of work outside of these appoints, such as doing research, referrals, secondary consultation, attending care teams, and engaging in advocacy work. These tasks are fundamental and necessary in achieving the best outcomes for families but is overlooked by the current program. Any reform must consider

the broader activities undertaken within these services that support collaboration and integration.

The DSS's consultation summary highlighted the importance of referral pathways to appropriate supports rather than only co-locating services.[15] However, the discussion paper appears to prioritise co-location.[2] Having clear referral pathways and accurate service directories is also critical. Families need simple, accessible information about what services exist, how to navigate them, and where to go during key transition points. This should include access through online platforms, community hubs, and local centres to ensure no wrong door. Integrated, community-focused approaches allow support to be tailored to different family members and their various needs throughout the life course.

However, it is important to consider the tension that organisations experience when they are expected to form genuine partnerships while also competing for the same funding. This dynamic can create uncertainty and prevent the trust required for meaningful collaboration. Addressing structural barriers to collaboration is essential for strengthening service coordination under the proposed model.

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?

To demonstrate that a service is genuinely connected and integrated within the community it serves, a grant application should highlight the local presence of the service, its operational integration with other supports, and where it conducts outreach. This includes data on where clients reside, the number of clients served per site, and the demographic profile of clients, demonstrating responsiveness to the community's diversity. Clear referral pathways and partnerships with local organisations, health providers, schools, and agencies show that clients can access a coordinated network of support rather than a stand-alone service. Where services are co-located or delivered collaboratively, this should be highlighted to show improved accessibility, continuity of care, and seamless engagement for families.

Equally important is evidence of community participation in governance and program design. Mechanisms such as Community Advisory Committees or Communities of Practice, alongside engagement with local leaders, demonstrate that the service is informed by the voices of those it serves. Applicants should also provide examples of how integration and collaboration have led to better outcomes, including how client feedback is used to continuously improve service delivery.

To support this, the DSS should ensure a transparent and fair assessment process by clearly publishing the weighting assigned to each grant question, so applicants understand the relative importance of the criteria. Strong, proven performance and demonstrated outcomes should be appropriately valued, with applicants who can show consistent high-quality delivery of services. Similarly, local engagement and knowledge, established connections, as evidence through long-standing service delivery, partnerships, and historical engagement, should carry significant weight. The DSS should also clearly explain how AI tools will be used in the assessment process and reassurance that

applicants will not be disadvantaged if they opt out. Information is needed about the stages of use, human oversight, and safeguards against bias or misinterpretation, ensuring applicants have confidence in the integrity of the process.

Responding to community need

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

To ensure funding accurately reflects the needs of communities, the DSS should consider factors beyond locational disadvantage. Communities experience complex and localised patterns of social, economic, and service-related disadvantage that are not always captured in broad, national data sets.

Economic disadvantage, as measured by SEIFA, is too high level to be used in determining which communities receive support. The key data sources listed, including SEIFA, AEDC, and census data, do not capture many critical risk factors, including mental health challenges, family violence, or social isolation. Overreliance on national, broad-scale datasets fail to capture localised or "hidden" clusters of disadvantage within otherwise advantaged areas. Areas with high overall SEIFA scores may still have pockets of social housing, high domestic violence prevalence, or other unmet needs.

An example of SEIFA failing to capture pockets of disadvantage can be seen in Hampton East, a suburb within Bayside City Council in Melbourne's southeast. Bayside records a SEIFA disadvantage score of 10, indicating minimal overall disadvantage.[17] While census data shows that only 2.1% of housing across Bayside is social housing, Hampton East contains a far higher proportion at 11.4%.[18,19] Nationally, the average sits at 3.8%, slightly above the broader local government area.[20] This contrast highlights how localised disadvantage can be masked within broader datasets and measures, reinforcing the importance of detailed, local data to direct resources to those in need.

Funding decisions should draw on local, place-based data collection and recent program evaluations, in addition to broader data sets. The government should consider more nuanced indicators of community need, including service demand and waitlists, prevalence of family violence, availability of local support services, and accessibility barriers such as transport, travel costs, and digital inclusion. Demographic diversity, including families with neurodivergent children or parents, disability status, LGBTQI+ families, and CALD communities should also inform service funding.

Other important considerations include underreporting of issues where mistrust of authorities is high, such as adolescence violence, elder abuse, and school disengagement, along with the need for specialised supports such as interpreters and technology-enabled solutions in regional and remote areas. Consideration for these factors needs to be taken into account to ensure funding and services are effectively targeted.

To support this approach, the government should provide comprehensive local service needs analysis and mapping to identify underserviced regions and priority service

activities. By publishing clear, localised community need profiles, the DSS can guide tenders and funding decisions. This approach would help ensure that the broader federal and state service footprint aligns with current and emerging need, and funding decisions are consistent and evidence based.

Community need extends beyond socio-economic indexes. Assessments must incorporate localised and hidden disadvantage, government-led service mapping, service accessibility, and the diversity of family experiences to ensure funding reflects the realities faced by all families.

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 demonstrate that their service is meeting community needs by providing evidence across multiple dimensions. This includes client satisfaction data and feedback from consumer advisory groups, which can highlight strengths and areas for improvement from the perspective of those using the service. Engagement with community leaders and stakeholders can help to identify service gaps that are not currently being addressed and ensure services are appropriate to meet the needs of the community.

Local client data is also essential for illustrating demand and need. This can include the number of clients accessing support, waitlist trends, and the proportion of clients experiencing risk factors such as family violence or intervention orders. Demonstrating how services have adapted to reflect local demographics and emerging needs shows that the organisation is responsive and flexible. For example, FaRS programs provide targeted support for separated parents or couples experiencing relationship difficulties, reducing long-term conflict while FMHSS offers support and counselling for young people experiencing difficulties with school engagement, reducing school refusal. Organisations can demonstrate their responsiveness to community need by showing how services have adapted over time to meet changing needs. This could include modifying programs during periods of increased demand, responding to emerging social or mental health challenges, or introducing new initiatives to address identified gaps.

Services may also demonstrate tailored outreach to communities that may be less likely to engage with services including CALD communities, LGBTQI+ families, or socially isolated clients. Highlighting partnerships with local schools, health services, and community organisations shows that services are integrated into the broader community support network, enabling families to access coordinated care rather.

Organisations can also provide evidence of outcomes such as improved family functioning, increased school attendance, or improved social and emotional wellbeing to demonstrate the tangible impact of their service.

To support organisations in developing tender applications, transparent guidance is needed from the DSS about the weight assigned to each question, the value given to proven performance and demonstrated outcomes, and historical service delivery. This would help organisations understand how to present evidence effectively. By using this guidance to structure the collection of client feedback, localised data, and evidence of

outcomes, organisations can clearly demonstrate that their services are responsive, effective, and genuinely meeting the needs of the communities they serve.

Improving outcomes for Aboriginal and Torres Strait Islander children and families

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

As a mainstream organisation, we do not wish to speak on behalf of Aboriginal and Torres Strait Islander communities. We support the intent to increase ACCO-led service delivery and recognise the central role of community-controlled organisations in improving outcomes for First Nations children and families. We also support expanding the number of ACCOs delivering supports in locations with large Aboriginal and Torres Strait Islander populations, where this is identified as their first preference.

Funding models should enable partnership development where it is appropriate rather than assuming ACCOs must independently take on full delivery responsibilities. The grant process should remain flexible so that different models can develop in different regions based on community direction. In areas where ACCO infrastructure is emerging, guidance, capacity-building funding, and partnership expectations will be critical to ensure that the sector can grow in a way that is safe, community-driven, and sustainable.

To achieve this, the grant process should provide clear guidance on how mainstream services – especially those without existing partnerships – can engage in partnerships and collaboration in a respectful and culturally safe way. This guidance should outline expectations for cultural safety frameworks, workforce training and reflective practice, trauma-informed and relational service models that recognise kinship networks and extended family systems, and opportunities for cultural governance and shared decision-making where appropriate.

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

As a mainstream organisation, we respond to this question from the perspective of improving outcomes for Aboriginal and Torres Strait Islander children and families who access mainstream services. Program design must strengthen cultural safety, cultural capability, and community voice to ensure Aboriginal and Torres Strait Islander children and families experience services that are safe, responsive, and aligned with their cultural needs, regardless of where they seek support.

Measuring outcomes

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

Service providers currently share substantial service data with the DSS; however, there is limited feedback or analysis shared in return. The DSS is uniquely positioned to aggregate

this data and provide meaningful insights such as trends over time, outcome patterns, comparisons across regions, emerging service gaps, and what the data shows about client needs. Access to this level of analysis would strengthen our ability to understand the impact of our own services within the broader system.

There are often many DSS-funded services operating within the same region; however, providers have little visibility of how their service aligns with regional, state or national patterns. Timely, accessible, and use-friendly reporting formats (e.g. dashboards or regional snapshots) would help at the service delivery level. Aggregated, de-identified benchmarking data would support us to understand our performance in context. Being able to compare outcomes and service demands against regional or statewide patterns would help strengthen our ability to assess impact and target areas for improvement. Without shared insights or feedback, it is difficult to identify and respond to regional trends, emerging risks, shifts in community need, or system bottlenecks such as referral pathway issues. Department-level analysis would enable us to understand whether the challenges our services and clients face are isolated or widespread. This would directly help us to make informed decisions to continuously improve our services as we could make evidence-based decisions on program design, models of care, resources allocation, workforce planning, partnerships, and advocacy.

To maximise the use of this data, consistency in reporting and data definitions across service providers is essential. Key concepts such as CALD, LGBTQI+, and presenting need are not collected consistently. For example, Better Place Australia collected CALD information based on language spoken while others may determine this based on Country of Birth, which does not take into account cultural influence that is common within many CALD families. Establishing a standardised data framework that accurately reflects service reality would make shared insights more meaningful and help providers benchmark and compare across regions.

It would also be useful for us if the DSS undertook a service and investment mapping activity to identify what is currently being funded within a given community by the DSS, other Commonwealth Departments, and States. Knowing where service gaps are would help to support us to plan, prioritise, and coordinate with others.

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?

Current outcome reporting through DEX is often too broad or generic to capture the nature of our work. They do not necessarily match the outcomes that are intended to be achieved by the services provided. More tailored and program-specific outcome domains would allow us to present clearer, more accurate evidence of impact.

When the new program's intended outcomes are defined, services will be better able to select or develop appropriate tools to measure these outcomes. The DSS should provide a suite of outcome measuring tools that services could choose from or adapt to suit their client group. Many existing tools (e.g. the K-5) are not always appropriate. They do not capture relational, developmental, cultural, or trauma-related changes that can be seen

within our programs. Additionally, being able to capture and share longitudinal data to see any longer-term impact beyond the immediate service period would be helpful.

In addition to quantitative scales and tools, qualitative information has an important role to play in providing a complete picture of service impact. This includes client feedback, case studies, practitioners' reflections, and contextual information that explains trends in data. Current reporting only provides insights into currently met demand. It provides no information about the unmet demand or need of existing services. For example, in our FaRS program, low numbers of clients from CALD communities do not indicate low level of need. Instead, this reflects barriers to access such as limited availability of interpreters. Qualitative data helps ensure the outcomes reported can be interpreted and grounded in the lived experiences of children and families accessing – or attempting to access – our services. Child-focused tools are also needed to incorporate children's perspectives of services. Flexibility to report on and use more suitable or specialised tools is important.

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

For FaRS, we currently report on Circumstances (family functioning), and Goals (changed skills).

For FMHSS, we currently report on Circumstances (family functioning; mental health, wellbeing and self-care), and Goals (changed skills).

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

If the DSS wants case studies that clearly demonstrate client outcomes rather than simply describing client circumstances, it could provide templates that prompt services to link the narrative to the program's intended outcomes, outline the service components involved, and describe measurable or observable changes. This would support more consistent and comparable case studies across the sector. Guidance on ethical considerations would also be valuable, such as confidentiality, cultural safety, and avoiding information that may inadvertently identify clients.

However, a template alone would not address the main barrier to producing high-quality, impact-focused case studies. Strong case studies require the capacity and skills to analyse data, interpret outcomes, and translate this into evidence-informed narratives. Some services lack the internal resources to review data, measure impact over time, or synthesise key learnings. A funded resource would therefore add more value than templates alone. A dedicated evaluation or data support role, either within the DSS or shared regionally, could support services to interpret their data, strengthen outcome measurement, and develop case studies that meaningfully show impact.

Working together

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

This departure from current transactional contracting is significant. To ensure the model is workable, the DSS will need to provide foundational work within targeted areas and identify potential service providers to initiate the process. Although the proposed model specifies a relational contract, this is a new process for many providers and development will require support and guidance. The tender process will need to address a development and staged process, rather than naively assuming that a successful tender will immediately translate into a fully formed relational contract. Without this clarity, there is a high risk of confusion as potential applicants attempt to interpret an unfamiliar process within limited timeframes.

The criteria for area selection should take into account local services that are equivalent to the current FaC Activities in the region. Without this awareness, there is a significant risk of duplication and insufficient use of public funds. This links to a broader concern with narrowing the program to the three areas of interest outlined in the discussion guide. While each of these areas are important, they are also already priorities for other funders, including other Federal Departments, along with State and Local governments, which are investing in services for these cohorts in many regions. Attention should also be directed to the community cohorts who do not fit within these three areas of interest and are currently falling through the cracks.

To translate this approach into a formal agreement, a relational contract should include clear criteria addressing governance, principles, performance, risk-sharing, decision-making, transparency, accountability, and adaptability. From what Better Place Australia has gathered the criteria commonly understood to be required are:

1. **Collaborative Governance Structure:** A relational contract should establish joint governance, such as a shared oversight committee or alliance board, where all parties have equal decision-making rights. This structure ensures transparency, shared oversight, and a genuine partnership rather than a hierarchical client-provider dynamic.
2. **Shared Principles and Values:** The contract should embed agreed principles like trust, equity, openness, and mutual respect to guide behaviour and resolve disputes. These values set the tone for collaboration and help maintain alignment even when challenges arise.
3. **Outcome-Focused Performance Measures:** Rather than rigid outputs, the contract should define shared outcomes and how they'll be measured, using co-designed indicators and regular joint reviews. This ensures accountability while allowing flexibility in how services are delivered.
4. **Risk-Sharing and Financial Flexibility:** Relational contracts should include mechanisms for shared risk ownership and open-book financial arrangements. This

allows partners to respond to unforeseen challenges collaboratively, rather than defaulting to blame or penalties.

5. **Joint Decision-Making Processes:** The contract must outline how decisions will be made together, including escalation paths and consensus-based governance. This prevents unilateral changes and reinforces the partnership ethos throughout the contract's life.
6. **Transparency and Open Communication:** Clear commitments to data sharing, open reporting, and regular dialogue should be built into the contract. Transparency strengthens trust and enables both parties to monitor progress and address issues early.
7. **Mutual Accountability and Oversight:** The contract should define roles, responsibilities, and review points to ensure both sides remain accountable to each other and to stakeholders. This includes provisions for remediation and external reporting to maintain integrity and public confidence.
8. **Adaptability and Continuous Improvement:** Relational contracts must allow for service adjustments, innovation, and learning over time. Clauses should support iterative improvement and streamlined variation processes, ensuring the contract evolves with community needs.

In practice, a relational contract might state: *The parties will regularly share feedback from clients and frontline staff and will collaboratively modify service delivery processes to better achieve the intended outcomes*. One example from family services was a program contract that explicitly allowed funding to be reallocated across service types as needs emerged, with departmental approval, providing flexibility across funding streams to meet the program's goals. Likewise, partnership agreements can include a 'learning as we go' principle, acknowledging that the model will develop through trial and error and committing to adjust roles or processes based on what works. By embedding adaptability, the contract ensures it won't become a static document that constrains innovation. Instead, it becomes a living framework supporting evolution. This criterion is vital to handle 'wicked' social problems: as conditions change (a pandemic, a policy shift, new evidence), the relational contract can bend rather than break, because it has the scaffolding for joint adaptation.

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

A practical and effective approach is for the DSS to follow the staged implementation model recommended by Prof Mark Considine.[21] Rather than attempting to shift an entire sector at once, particularly in areas like children and family services where there are large numbers of providers, the DSS could begin by piloting relational contracting in selected locations or with a volunteer group of organisations. This would allow the model to be tested, refined, and evidenced before wider rollout. It would also iron out the barriers to enactment and outline a process of development.

Regions selected for relational contract trials should not have a duplication of services provided by non-DSS funded providers. The selection would presumably focus on organisations that have the capacity and capability to be the 'backbone' of the contract. For example, smaller providers may lack the infrastructure, systems, and reach to manage complexities of relational contracts, while larger providers may be perceived by smaller agencies as oligopolistic or prescriptive, which can undermine trust and collaboration. Mid-sized not-for-profit organisations are often uniquely positioned as they typically have sufficient capability and reach while still being able to engage with peers as equals rather than dominant players. This creates conditions that are more conducive to the openness, mutual respect, and shared decision-making that relational contracting requires.

To facilitate the transition into relational contracting, the DSS should design the tender requirements to make collaboration necessary and allow for a period in which the organisation can settle into the contract and connect locally before it is expected to operate at full speed. The DSS will have to balance innovation with service continuity. Relational contracting is an innovative process, but this transition should not mean a disruption in service continuity for clients.

By carefully selecting providers who are capable, connected, and committed to the community, the DSS can implement relational contracts that enhance services without the disruption often feared when major reforms are proposed and implemented. The likely outcome is that initial relational contracts will involve a mix of trusted local anchors and possibly new facilitators working together, all under clear criteria and oversight. This blended approach ensures that trust (which is the currency of relational contracting) is present from the start, while also allowing new energy and ideas to flow into the system. Historically, there has been little trust in grant tendering because the process is competitive, and applicants seek a competitive advantage. This means that disclosures, openness, and trust between service providers is not featured in this process.

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

Better Place Australia would welcome the opportunity to engage in a relational contracting approach and act as a trial site. Relational contracting aligns with our organisational values and service approach. Our work relies on adaptiveness, shared decision-making, and a commitment to social impact. We welcome a framework that supports partnership and can strengthen outcomes for children and families across diverse service contexts.

Other

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

We have significant concerns that the proposed program does not reflect the extensive consultation and evidence already gathered by the DSS.[3,15] The short timeframe for this consultation and limited detail provided suggest that key design decisions have already been made, leaving little room for meaningful sector input. This process does not align

with the DSS's stated commitment to evidence-informed reform and stakeholders' emphasis on the need for co-design approaches.[2]

The proposal appears disconnected from the DSS's own findings, including the consultation summary and the previous review of children, youth, and parenting programs. These prior processes (along with the FRSA's 2023 cost-benefit analysis conducted by the Centre for International Economics) highlighted the value of current programs, the importance of supporting a broad range of family times, and the need for services across the full 0-18 age range.[4,15,22] These insights do not appear to be reflected in the proposed program.

The DSS has asked us to comment, within a short timeframe, on a brief and high-level outline of a program intended to replace CaPS, FMHSS, CfC FP, SFVS and FaRS. These existing programs currently form a diverse, holistic service system that responds to complex community needs. Reform is important to ensure programs remain contemporary, but changes must build on the strengths of existing models. The DSS's 2024 review of CaPS, CfC FP and FMHSS found strong outcomes and value for investment, and the FRSA's cost–benefit analysis (by the Centre for International Economics) reflected this and demonstrated positive outcomes across FaRS and SFVS as well.[4,22]

In addition to work previously completed by the DSS, other federal government bodies have produced high quality evidence reports relevant to children and families which have not been considered in the proposed program. For example, in 2024, the Australian Institute of Family Studies published its technical report supporting the Family Relationships Services Program (FRSP) Review conducted by Andrew Metcalf AO.[23] While the FRSP is beyond the scope of the DSS, the findings of the review would be of great relevance, and its consideration would enable alignment between different federal funding streams.

Better Place Australia has attended consultations and townhall meetings with both the DSS and peak body organisations, yet it remains unclear why the proposed model narrows the scope of these programs and shifts away from service types shown to be effective. This confusion is compounded by the disconnect between the DSS's discussion paper and programs that are currently delivering definable community benefits.[2] The rationale for moving away from approaches that have strong outcomes for families has not been articulated, making it difficult for providers to understand the intent of the proposed reforms or how they align with community needs.

When programs are defunded and replaced, communities risk losing access to trusted services, and the sector loses experienced staff and service system connections that may have taken years to develop. Large-scale program change requires careful mapping and must consider the long-term implications for community access and workforce. From the information provided, it does not appear that the DSS has taken the time to carefully consider the social impact of these reforms.

Scope and focus of the proposed program

According to the discussion paper, the intended aim of the reform is to "*ensure every child, and every family has access to the tools they need to lead healthier, happier lives.*" (p.1)[2] However, this is not reflected in the scope of the programs. The three key focus areas centre on children aged 0-5, young parents under 25, and children at risk of child protection involvement. This narrowly frames 'family' as limited to parents and young children, overlooking large client cohorts currently served: diverse family structures, older parents, families without dependent children, and families with adolescents. The DSS's own evidence summary emphasises that both childhood and adolescence shape outcomes across the life course.[3] However, this life course perspective has not been adopted within the proposal. Middle childhood and adolescence are largely overlooked, while any other family-related issues that occur across the life course have also been excluded. The proposal also conflates children and parents as the only meaningful family unit.

This raises important design questions:

1. What proportion of funding will be directed toward the narrow priority areas compared to middle childhood, adolescence, and other family formations?
2. How will the DSS ensure that cohorts currently served continue to have access? (e.g. individuals, couples, older adults, and families without young children)
3. How will the tender process safeguard against unnecessary, inequitable, and unfair service disruption, particularly in communities with existing trusted providers?

Inclusion and diversity

Although the DSS factsheet states that services should be "*more inclusive and better able to meet the needs of diverse children and families*" (p.1), the proposed program provides little detail on how this will be achieved.[1] Beyond Aboriginal and Torres Straits Islander communities, the proposal does not reference cultural and linguistic diversity, disability, LGBTQI+ families, fathers and expectant dads, people in regional and remote communities, or other forms of diversity.

Both the FaC Activity discussion paper and the DSS consultation summary identified significant gaps in current service systems, including the need for culturally safe support for CALD families, services for LGBTQI+ parents and children, disability-inclusive approaches, stigma reduction for fathers, and AUSLAN-accessible programs.[4,15] These issues do not appear in the proposed program, despite being raised consistently across multiple consultation processes.

This raises two questions:

1. Why have these issues, repeatedly identified by stakeholders, not been reflected in the proposed program?

2. How does the DSS intend for the new program to meet the needs of diverse children and families when these gaps have not been addressed?

Community involvement

The DSS's consultation summary emphasised that local needs should be identified through shared decision-making with communities, while the discussion paper highlights the importance of the lived experiences of children and families in shaping policy.[2,15] However, the development of this proposal does not demonstrate a community-driven approach. The short consultation timeframe limits the ability of services, communities, children, and young people to meaningfully contribute. Services have not been given adequate time to consult with their own communities or incorporate lived experience into submissions.

Furthermore, the discussion paper suggests using SEIFA, census data, and AEDC to determine community need for tendering processes.[2] While these datasets are useful, they cannot replace genuine community engagement. It remains unclear how the DSS will assess community demand, what evidence applicants will be required to provide, and how much weight will be given to local knowledge compared to national measures.

The success of current programs has been strengthened by the experience and expertise within FaC programs. This has been built over many years, demonstrated positive outcomes, and resulted in the development of trust and connection between local communities and service providers. How does the DSS intend to capture and safeguard these connections within the tender process?

Conclusion

The DSS has undertaken previous reviews and consultations that clearly articulated community needs, stakeholder priorities, and evidence of what works.[3,4,15,16] The proposed program does not reflect these insights. To ensure the reform is comprehensive, inclusive, and responsive, the DSS must meaningfully incorporate the findings of its own evidence base and stakeholder consultations, and address the significant gaps identified within the proposed program. The DSS must bring existing services, families, and children and young people to the table in a genuine way to ensure that any change to services is co-designed by the people who understand its social impact the most.

Better Place Australia supports reform that ensures programs remain contemporary, meet evolving needs of the community, strengthens services, and builds on the existing community benefits that services already provide. However, the current proposed program does not appear to do this. Families are diverse, as are the problems that they face. Family services have an important role to play and need to reflect this diversity. Support must be available to all across the life course.

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