A new approach to programs for families and children

Relationships Australia Victoria's submission in response to Discussion Paper

Relationships Australia Victoria (RAV) currently receives Australian Government Department of Social Services (DSS) funding and delivers services under four of the five of the Government programs in scope for this proposal: Children and Parenting Support (CaPS), Family Mental Health Support Services (FMHSS), Family and Relationship Services (FaRS) and Specialised Family Violence Services (SFVS). RAV is also a community partner on a Communities for Children (CfC) contract managed by Mission Australia as the Facilitating Partner (FP).

Vision

RAV fully supports the aims of the proposed new national program: to fund high-quality, evidence-informed services; to simplify grant and reporting processes; and to strengthen services for First Nations families. The vision presented by DSS is consistent with our emphasis at RAV on the importance of relationships, and social and emotional wellbeing as key protective factors for children.

The vision could be strengthened by explicitly naming relationships and connection as central to child and family wellbeing, rather than focusing on parental "skills and confidence". It should also acknowledge that outcomes for children and families are shaped by broader social and economic conditions (including income, housing, discrimination and community), as well as individual parenting capacity.

The vision prioritises parents, caregivers, and children. However, the concept of "family" could be broadened to reflect contemporary realities, as many families do not include children, whether by choice or by circumstance. An exclusive focus on families with children would mean that we fail to provide services to many Australians who nevertheless need support with relationship, mental health and/or family violence issues.

Outcomes

The proposed outcomes are consistent with RAV's focus on supporting parents and caregivers to build strong, secure relationships with children, and supporting children's social, emotional and relational wellbeing over time.

We note that Outcome 2 ("Children are supported to grow into healthy, resilient adults") describes a long-term aspiration that sits beyond the timeframe and direct influence of most funded programs, so it will be important to identify realistic intermediate outcomes that services can reasonably contribute to and measure.

The scope of the Outcomes could be extended to include young people up to the age of 25, so that the entire youth cohort can be embraced within the service system as needed. The transition to adulthood is important to family wellbeing and often requires specialist support for families to navigate.

We suggest 2 big-picture issues with the Outcomes as they stand:

1. Existing DSS programs (notably FMHSS, FaRS and SFVS) service many clients who do not care for children. This client cohort needs to be acknowledged in both Outcomes and grant assessment criteria. RAV recommends expanding the scope of the Outcomes to encompass all family structures, including childless households, to ensure resilience and wellbeing are addressed across the adult population. A third outcome focused on the health and resilience of adults could be added. This would enable services to meet broader community needs—for example, providing counselling or relationship support to couples without children, or individual counselling for adults seeking mental health support outside a parenting context, or parents of adult children with complex needs who require support.
2. Both Outcomes risk placing too much responsibility on parents and caregivers alone, unless they are framed within a wider system that includes universal, relationship-focused prevention, culturally safe services and attention to structural factors such as housing, income and safety. The Outcomes would benefit from clear reference to relationships and social connection as key pathways to “health” and “resilience”, rather than implying that these are individual traits. Community support for families, including children, parents and caregivers, is vitally important. While programs, information and advice are integral to children’s success, empowering the community to provide support is fundamental. Community support contributes to the wellbeing of families through child and family services and hubs, sport, playgroups and parents’ groups, for example. This is particularly important for single-adult households and where there is no extended family support.

Program structure

A single program has potential to reduce duplication in contracting and to streamline reporting. This offers considerable appeal in terms of reducing the burden of administration and compliance. It will be important to mitigate the risk that national program settings favour larger providers and reduce diversity in the sector, making it harder for smaller local organisations and specialist services to continue delivering prevention and early intervention services in partnership with community.

A single national program also has the potential to enhance flexibility and responsiveness, enabling services to adapt quickly to emerging needs. However, the level of flexibility will depend on how prescriptive the service types and activity definitions become under this program.

RAV delivers universal preventative activities such as school-based educational and prevention programs and parenting programs. We deliver these in specific areas, often as part of a place-based approach, and consider these part of a holistic approach in combination with early intervention and one-to-one family support. For example, our “early matters” program (delivered under CaPS) delivers free healthy relationships programs in Ballarat and areas of Sunshine in Melbourne. This program includes parenting groups delivered in universal services (kindergartens, primary schools, hospitals, maternal and child health services, playgroups) AND short-term support in the home or online to help families with their unique parenting challenges.

Whilst we believe such programs should be universally available, they must be delivered in a way that allows for choice and community-driven responses. A single national program should not limit local place-based responses to addressing community needs. Flexibility will only be realised if the

program allows genuine local adaptation, including integration with universal services and partnership approaches that respond to each community's context. Flexibility also depends on funding rules. If the national program restricts eligibility, delivery modes or geographic boundaries, it may reduce our ability to run universal preventative services such as "early matters", which operate across multiple streams.

Funding streams

We would consider that Streams 2 and 3 reflect needs experienced by the communities where RAV services are based, and that Stream 1 provides effective universal underpinnings for addressing these needs. RAV delivers services that fit clearly within *Stream 2: Prevention and Early Intervention* and *Stream 3: Intensive family supports*, and services that span both these two streams. However, as a state-based agency, we have few programs that fit *Stream 1: National programs and information services.*

We have two concerns about the fit between our services and the proposed funding streams:

Firstly, RAV is proud to offer important universal programs such as school-based prevention programs (e.g. "Respect and Connect" under SFVS) and education and parenting programs (e.g. "ATTUNE" and "Tuning into Kids" under CaPs). These programs have few or no restrictions regarding who can access support. However, they are not "national" as required under Stream 1. "National" programs would not allow for flexible, locally led, place-based initiatives. As currently described, many RAV programs will not fit this Stream even when services are universal in scope. We feel strongly that "national" should be replaced by "universal" in Stream 1.

Secondly, RAV currently delivers services that span Streams 2 and 3 in areas such as specialised family violence (SFVS) and mental health/therapeutic counselling (FaRS). Similarly, services currently delivered under FHMSS both "offer targeted help to parents, caregivers and families" (Stream 2) and provide "support for families facing multiple, complex challenges" (Stream 3). Prevention and early intervention work with the FMHSS client cohort is key to preventing the need for more intensive support further down the track. It is important that the Streams and assessment criteria allow for this important work, and that clear guidance is provided on how best to situate services which span multiple streams.

It is our hope that the three streams will overlap, rather than sitting completely separately and thereby 'boxing' clients and programs into one stream or another. While the streams reflect the service spectrum from universal prevention through to specific, intensive support, there is a risk that families who sit "in between" thresholds (for example, with multiple stressors but no child protection involvement) may not fit neatly into any one stream. For integrated models such as our "early matters" program (CaPS), it will be important that a single grant and contract can legitimately cover universal preventative activities, targeted early intervention and one-to-one support.

Because families do not experience their support needs in discrete categories, it is important that services are able to move flexibly between streams as needs change. Retaining the ability to deliver specialist, client-focused services *across* streams is critical to addressing complex, intersectional challenges faced by families and individuals. Limiting delivery to a single stream would constrain our capacity to respond effectively to community needs. It is important that holistic, relationship-focused services are not penalised for working across multiple streams or for responding to emerging needs

that were not specified at the outset. Streamlining must not compromise flexibility or the ability to leverage accumulated expertise. We would seek clarity on how administrative processes will be streamlined for organisations delivering across multiple streams. Key considerations include funding allocation, KPI alignment, and mechanisms for integrated service delivery.

Other changes needed

Specialised services require clear and concise guidelines from government to be able to effectively deliver services, particularly when co-locating and partnering as is proposed under the new model. The FMHSS operational guidelines (Australian Government Department of Social Services, 2024) provide an example of high quality. We would like all services to be provided with the same level of quality and detail in service guidelines, which should be readily accessible online to both service providers and clients.

Whilst we acknowledge that defining service scope and geographic reach is necessary in agreements to ensure that service coverage is achieved across all areas/providers and that government funding is spread equitably in the community, the strict identification of service areas (ABS SA3s and SA4s) in service agreements has hindered serviceability in certain community areas. This has greatest impact in rural areas, where a client may present for service but is strictly ineligible due to their residential address being across the road from the designated SA. Whilst contract terms indicate that no client presenting for service should be refused, historically this has been recorded as out-of-area service delivery in DEX assessments and Activity Work Plan discussions. In recent years, RAV has worked closely with DSS to resolve such issues in the CaPS service stream, and has appreciated the willingness of DSS to recognise the need for services to reach the whole community, particularly in regional areas. However, we would suggest it is important to avoid rigid geographic boundaries within the new program structure so families can access services that best meet their needs, even if they live outside a funded LGA.

Expansion is required in the following areas:

- Specialist family violence services funding, as the need for this support in our community is significant.
- CfC facilitating partner contracts, given the significant need in the community. RAV is ready and willing to become a facilitating partner.
- Brokerage funding to facilitate purchase of specialist health services such as paediatrics.
- Funding to assist children to access diagnosis and treatment for neurodiverse conditions and developmental disorders. Government-funded services are overloaded, creating long wait times with potential deterioration of wellbeing for children and their families. This pushes families to private practitioners for assessment and treatment, at significant cost to families and children who are already struggling.

Prioritising investment

RAV fully supports the 4 priorities nominated as DSS areas of investment, which align with our organisation’s emphasis on prevention, early intervention, integrated support and community-led approaches.

The priorities would be strengthened by explicit recognition of relationships and social connection as key drivers of child and family wellbeing. Strengthening relationships across the lifespan, e.g. through counselling under FaRS, is core preventive work. Early investment in family wellbeing initiatives could be broadened to recognise different levels and types of disadvantage that may *not* lead to child protection intervention e.g. mental ill-health, gender-based violence.

We support increasing the number of ACCOs *and* other services delivering support in locations with high First Nations populations. Whilst some prefer to use ACCOs, significant numbers choose generalist services. RAV has traditionally provided services to First Nations clients in high numbers relative to the size of First Nations populations. First Nations staff and communities have highlighted the importance of choice in service providers to include non-indigenous organisations, particularly in regional and remote communities where ACCO employees may belong to local communities and confidentiality of service provision may be compromised. We support greater resourcing for ACCOs to deliver frontline services to First Nations people, but not for the service system to preclude the agency of First Nations peoples in ability to exercise choice of service provider.

In general, RAV supports a progressive, universalistic focus on relationship-focused prevention for all families, with proportionate additional support for those facing higher levels of disadvantage or risk. This requires stable, long-term funding arrangements to allow services to plan, build partnerships and respond flexibly to local need. Short-term contracts compromise our ability to meet client needs and provide service excellence when we are unable to commit to cost-effective, longer-term leases, or provide job security to recruit and retain experienced staff. Commissioning and funding models must support collaboration, place-based approaches and local partnerships, rather than competition between services.

RAV supports specific attention to:

- Structural drivers of family stress such as housing, cost of living, discrimination and community safety, which strongly influence child and family wellbeing.
- Financial support for families to cover children's sport and recreation, school camps etc. This can be provided through services which employ case management models, such as RAV's i-Connect and other FMHSS services. Without equal access to these basic sources of wellbeing, children are at increased risk of entering child protection, residential care and juvenile justice systems.
- Greater support for family wellbeing at critical transition points in the life cycle, including becoming a parent, and kindergarten and school transitions, as is provided by our "early matters" program (CaPS).
- Greater support for parents of children with neurodiversity.
- Workforce sustainability and capability, particularly in regional and rural areas, so services can consistently deliver trauma-informed and culturally safe work.

Improving family wellbeing

RAV provides qualified support for the proposed focus areas. We strongly support the emphasis on building "strong social connections and emotional wellbeing", and on giving parents "the tools,

knowledge and confidence to raise healthy, resilient children" (Discussion Paper p.4). Many of our current services exist to support these aims, including "early matters" promoting healthy and safe family relationships (CaPS), "Respect and Connect" in schools (SFVS), and parenting programs helping families to understand emotional development, communicate well and manage conflict (e.g. "Circle of Security Parenting" and "Tuning in to Kids" under CaPS). In addition, several current RAV programs incorporate a focus on preventing children from entering child protection (particularly "early matters" under CaPS and "i-Connect" under FMHSS).

RAV supports a focus on new parents. In addition to current programs listed above, RAV conceived and delivered the federally funded Support for Fathers Program over 6 years to 30 June 2024. The program delivered workshops for dads of young children and clinicians working with them, and educational resources for new dads about their role. The focus was fostering strong connections with children within a family violence prevention context.

Our preference, however, is for DSS to support *all* families, with additional, targeted support where needed. The focus on early parenting is important but should not limit support for families of all ages and at all stages. Similarly, there are many areas of need, disadvantage and vulnerability which don't necessarily lead to increased risk of child protection involvement, e.g. mental health support.

We are concerned that targeting families at risk of child protection, rather than families at any level of risk, will result in missed opportunities for earlier intervention and prevention. Research undertaken by the Centre for Community Child Health shows that to reach the most vulnerable families and reduce stigma, services should be easily accessible, without eligibility criteria, and should aim to connect with the most marginalised families (Alexander et al., 2024). Isolated families with minimal support and service engagement should be prioritised.

To connect with and service families and children at risk of entering the child protection system, it is imperative that services are adequately funded and resourced to provide assertive outreach to the home. This cohort of clients has barriers to engaging with centre-based services. Single parent families, in particular, may not have transport and/or the financial means and time for travel to centres and for child care. The resources of parents who are isolated, caring for multiple children or experiencing family violence are stretched and invested in coping and caring activities.

We are cautious about the proposed focus areas if these result in *reduced* emphasis on any specialist services, such as specialised family violence services or mental health supports, which could be 'lost' within a broader pool of services. It is essential to retain focus on the effects of family and domestic violence for individuals and families, including young adults using or experiencing violence, who would benefit from early intervention and support.

RAV is currently funding additional roles to support child mental health through a service that provides group and additional sessions to children and families experiencing separation and divorce. We would like the Government to invest in this specialised service to complement existing FaRS counselling and CFC services. Further, there is unmet need in family violence counselling program offerings under SFVS, and the scope of current delivery could be expanded. This work is vital in supporting at-risk families and preventing longer-term issues for those affected by family and domestic violence.

Groups particularly in need of specialised family support services include:

- CALD communities, requiring tailored programs which can be provided in language for identified communities, using bi-lingual workers or professional interpreting services, e.g. specialised family violence services specifically tailored for Burmese, Afghan or Vietnamese cultural groups.
- Newly arrived, refugee and asylum seeker families who face language barriers, trauma histories and challenges in navigating services.
- Families affected by or recovering from family violence, including those using and those experiencing family violence. Children, adolescents and young adults need support in their own right, as do both offending and non-offending parents.
- Families where parents or children have disability or developmental concerns, particularly those in the "missing middle" who are ineligible or waiting for NDIS and other clinical support.
- Parents with significant mental health difficulties or substance use issues, whose own support needs affect their capacity to care for children.
- Neurodiverse children, young people and adults.
- LGBTQIA+ children and young people and their families, who require support to understand gender diversity and questioning.
- Families who are highly socially isolated or disconnected from services, including those in rural and regional areas.

Approaches to reach these cohorts could include evidence-based peer-to-peer models, such as "Family by Family" from the Australian Centre for Social Innovation, to increase the scale and sustainability of building community strengths and resilience. RAV is currently piloting this model as part of a "social connector" role in Ballarat.

Connected, co-located and integrated services

RAV considers that a partnership approach to social service delivery—both with funders and within the broader service network—is a means to deliver greater impact for clients, communities, and providers. By leveraging shared resources and expertise, partnerships enable a more responsive, effective, efficient, and equitable system that addresses complex, interconnected needs.

Accessible and well-resourced service hubs exemplify this approach, improving entry points, facilitating warm referrals, and ensuring clients receive coordinated, wraparound support. Co-location strengthens collaboration through real-time communication and case coordination, while creating trusted, visible, place-based settings that engage hard-to-reach populations. These factors enhance the client experience through receiving seamless services. Several RAV centres already operate as multi-service hubs (adopting a one stop shop or "no wrong door" approach) delivering multiple services across the Families and Children portfolio, as well as working in partnership with CfC FPs and headspace consortia, which are based on collaboration and co-location of partner organisations.

However, through pilot projects and evaluation (e.g. Alexander et al., 2024; Relationships Australia Victoria, 2024), RAV has demonstrated that collaboration and coordinated service delivery are

based on key principles, values and shared goals. Co-location and hubs are not sufficient and/or necessary for coordinated efforts but rather provide the infrastructure to encourage more integrated service delivery. We also see benefit in retaining service separation in certain circumstances, for example, in regional towns, where people seek choice of providers and/or locations for privacy reasons.

Co-location can support the achievement of outcomes in relation to specialist multicultural and ethno-specific organisations. Place-based and outreach approaches (e.g. in schools and/or cultural gathering spaces), as well as the capacity to deliver services 'in language', can then further consolidate the success of these programs.

RAV currently works with schools in the delivery of respectful relationships and other programs, and in partnership with maternal health services to deliver early childhood primary prevention programs. These programs are effective in terms of integration with universal services and in achieving desired prevention and early intervention outcomes.

Equally, online modalities extend reach and equity. Digital platforms remove geographic barriers, support rural and remote communities, provide flexible options for clients with mobility constraints, and allow clients to choose the timing of their involvement (for example, in engaging

with program materials). Digital delivery facilitates group programs for dispersed participants, telehealth services, and the dissemination of self-help resources—expanding access without proportional cost increases. RAV has experienced strong uptake of this service modality in recent years.

Whether or not services are co-located, a coordinated approach is supported by:

- Shared governance and backbone roles that promote a common agenda, facilitate joint planning and maintain alignment between partners, as seen in collective impact and place-based models.
- Warm referral pathways where a known worker can introduce families to other services and, where appropriate, attend initial appointments to build trust.
- Shared training, reflective practice sessions and communities of practice that bring practitioners together to share knowledge and maintain consistent approaches across services.
- Integrated service design at the local level, where organisations plan together around shared goals, even when they are not physically located in the same building.
- Good quality and clear service manuals that outline practice and documentation to ensure consistency of service delivery.

RAV would seek further clarification about whether the Department will expect co-location arrangements to underpin re-tendering for contracts.

Demonstrating community connection

Firstly, service providers should be able to demonstrate a sound understanding of the communities they serve:

- Understanding of the key characteristics of that community, including cultural and demographic characteristics, educational attainment, socio-economic factors, languages spoken, health indicators.
- Understanding of the implications of demographic, geographic and socio-economic factors for service accessibility and engagement
- Articulation of the key presenting needs in the community

Secondly, service providers should demonstrate a sound understanding of place-based and partnership approaches required to address identified community needs:

- Commitment to place-based practice and willingness to collaborate with partner agencies on shared goals, joint planning and alignment with local priorities and existing initiatives.
- Proven record of collaboration in robust service delivery partnerships for the benefit of clients and the community
- Identification of key referral pathways to established organisations
- Clear descriptions of local partnerships with universal services (for example MCH, kindergartens, schools, GPs) and specialist supports, showing how families can move between services without repeating their story.

Thirdly, service providers should have mechanisms in place to maintain and grow connection to the community:

- Evidence of ongoing community consultation and co-design, including input from families who are less likely to access formal services.
- Presence in the community, not only through program delivery but through public events, sponsorship, social media presence.
- A demonstrated track record of adapting program content, delivery modes and engagement strategies in response to local needs, evaluation findings and family feedback.
- Local governance structures that include community members, lived experience roles and partner organisations in decision-making.

Finally, service providers should demonstrate mechanisms supporting effective service delivery:

- Effective Child Safety policies and practices
- Demonstrated commitment to research and ongoing evaluation to support and develop service provision
- Record of attracting and retaining well-qualified and staff and providing ongoing training
- Robust and effective corporate and clinical governance frameworks, with all requisite documentation including manuals and forms.
- Robust quality, risk management and compliance systems and demonstrated fiscal sustainability
- Consistent compliance with legislative and funder requirements

Responding to community need

The distribution of funding requires consideration of levels of income inequality, housing insecurity and financial stress experienced by families. Beyond this, equitable funding distribution will consider demographic changes, crime rates, and health needs as indicated by data on chronic illness and causes of death. Health needs assessments from Primary Health Networks can provide localised data.

Funding should reflect the holistic needs of a community, with consideration given to:

- The prevalence of family violence, parental mental health difficulties and substance use, and the impact of these problems on children.
- The availability and affordability of local services, including allied health, mental health, disability and family violence services, and the length of waiting lists.
- The degree of social isolation and opportunity for families to build informal support networks and community connection.
- Barriers to access relating to transport, digital exclusion, language, and experiences of racism or discrimination.

Funding should be at a level to provide for:

- Co-design and consultation activities with community
- Welcoming centres or hubs with capacity to meet cultural and religious needs, e.g. prayer rooms and washrooms
- Childcare facilities to support participation by parents without family support
- Child and young person friendly spaces

For organisations to demonstrate that their service genuinely meets the needs of the community, grant applications might usefully include:

- Case studies and stories, including client testimonials
- Stakeholder feedback including via external quality audit processes
- Evaluation data and evidence-based reports

Organisations should be able to:

- Demonstrate a clear and ongoing cycle of community consultation, co-design and feedback, showing how local voices have shaped program design and delivery.
- Provide evidence of how services have adapted in response to what families say they need, including changes made following evaluation findings or community feedback.
- Show how lived experience roles or peer worker roles contribute to understanding community needs and strengthening engagement.
- Present mixed-method evidence (quantitative outcomes, qualitative feedback, observations from practitioners) that illustrates both what has changed for families and why the approach is effective.
- Show how service design is clinically targeted to best practice in meeting community needs.
- Describe strong and active local partnerships that enable coordinated support and smooth pathways between services, reducing fragmentation for families.

Improving outcomes for Aboriginal and Torres Strait Islander children and families

Provision of funding for establishment costs for new ACCOs would increase the number of ACCOs delivering child and family services. In addition, DSS could expand scope for ACCO-led partnership applications with other organisations. Including the option of a yarning circle approach to speak to proposals in addition to written proposals would deliver culturally appropriate procurement and evaluation processes.

Flexibility should be built into the program design to help improve outcomes for Aboriginal and Torres Strait Islander children and families:

- Flexibility in what can be delivered, including funding to collaborate with and involve kin in caring for families and children.
- Flexible service delivery options led by the family not the service provider, e.g. service users to choose where a service is received.

Measuring outcomes

Generic tools do not always align well with the outcomes of the service, even though they may be reliable and valid. Purpose-built evaluation data that is provided back to services quarterly or more frequently is ideal, including:

- Mixed-methods data based on brief quantitative tools with qualitative insights from families and practitioners to explain how and why change occurs.
- Short-term relational and wellbeing indicators, such as changes in parenting confidence, parent–child connection, child social and emotional development, and family access to support.
- Information that captures protective factors and early shifts that contribute to longer-term prevention, even when immediate change is modest or not visible in generic outcome tools.
- Data that identifies who is not accessing services or who disengages early, to help address inequities in reach and engagement.

It would be valuable for RAV to be able to share:

- Brief, fit-for-purpose outcome tools that are clearly aligned with each program's logic, alongside qualitative feedback.
- Narratives and case studies that illustrate how families have used new skills or supports in their everyday lives, including for children's wellbeing and safety.
- Aggregated findings from post-program surveys, interviews and focus groups that show patterns of change across groups and over time.
- Information about how earlier or preventative support has reduced the need for more intensive interventions for some families, where this can be reasonably observed.

Routine outcome measurement is not ideal due to the burden it places on clients and services in the face of resourcing constraints. Programs are not comparable. Rather, tailored, fit-for-purpose

evaluation provides the most useful evidence. Measures need to be targeted, brief and account for the length of program and the level of distress or need. Requiring programs to report on learnings and improvements made as result of evaluation could usefully shift the sector's focus from compliance to ongoing reflexivity and service enhancement, to the benefit of clients.

A best-fit approach would be for programs to demonstrate regular evaluation of outcomes against an evidence-based program logic with clear theoretical underpinnings. Evaluation methods may include surveys, interviews, focus groups, etc. For example, RAV's Social Impact Report highlights a selection of programs with tailored quantitative and qualitative evaluation data specific to each program. However, this is not feasible on a routine basis for all programs without dedicated resources (estimated 10-20% per program).

RAV has collected SCORE for many years across programs, and has demonstrated progress across each domain (see RAV's 2024 Social Impact Report at https://www.relationshipsvictoria.org.au/news/social-impact-report-2025/). This now includes client-assessed change before and after service delivery using electronic surveys.

We regularly use the 4 circumstance domains relevant for our funded programs, but adapt the domains. For example, instead of age-appropriate development we have changed this to child wellbeing, as we ask parents to rate this domain subjectively.

RAV Outcome Domains are as follows (see 2024 Social Impact Report at pp.6-7 for description and average change in each domain):

- Family functioning
- Mental health and wellbeing
- Personal and family safety
- Child wellbeing

These are rated on the following scale:

- 1 (very poor)
- 2 (poor)
- 3 (average)
- 4 (good)
- 5 (excellent)

Translating validated tools into SCORE is not recommended. We find it particularly difficult to show change over time as an outcome of prevention and early intervention programs (e.g. "early matters" under CaPS) due to high initial scores and longer-term timeframes for outcomes and ripple effects to become evident. We know from other research that short-term outcomes in terms of strengthening protective factors will lead to prevention of problems, but this is difficult to demonstrate using SCORE.

Working together

The flexibility afforded by the concept of relational contracting is attractive, although we would seek more detailed information about the proposed approach before expressing our interest. Decisions on which organisations should be offered relational contracts could be informed by DSS' experience

with organisations through current and previous contracts, including performance and contract management relationships.

RAV currently delivers services in multiple streams aligned with major program areas and works collaboratively with DSS to adjust activity work plans as priorities evolve. We value our working relationship with DSS and the responsive approach to addressing emerging needs and any performance challenges. Our funding relationship with DSS has always reflected a collaborative "partnership approach", which has benefited our organisation and our clients. The proposed emphasis on relational contracting would support the continuity of a constructive working relationship and enhance the ability to divert resources more flexibly to addressing client and community need.

However, we have used our partnership approach with Funding Arrangement Managers (FAMs) to direct resources to need, deprioritise proposed service offering where anticipated need was not realised, and where client priorities resulted in different types of services (e.g. the scope and range of support groups for men and women under SFVS funding, or the balance between individual counselling for adults and children within a family violence context). We would strongly request that the new funding approach continue to include FAMs, as our relationships with FAMs are instrumental in resolving various program or contractual matters.

Other

Based on our experience of service delivery over 75+ years, including DSS funded services, RAV strongly considers that tailored and holistic service delivery needs to encompass the *intersectionality* of client needs, and enable service provides to move seamlessly between specific presenting needs and priorities, and the available range of service responses. For example, it is important to incorporate the intersectionality of family violence and mental health vulnerabilities and complexities in individuals, couples, children *and* families.

A systemic approach to service delivery must not define family in a restrictive way and must allow for all types of family and kinship/cultural/community arrangements. Further, there are multiple factors which can impact on resilience and wellbeing on children, young people and adults, without child protection risk, and the service system needs capacity and resourcing to deal with these.

Place-based approaches addressing community need and shared goals are best practice but require time to build relationships and trust, and to align strategies. Place-based approaches require dedicated support for backbone roles, governance structures and coordination, not just co-location. Longer term funding contracts will allow for long-term change and the benefits of prevention and early intervention strategies to take hold.

As per the Government's Early Years strategy, service provision should be aligned with state and territory and local government initiatives to support a coherent, coordinated, holistic approach with a shared focus on place and shared goals. In order to avoid inefficiency, commissioning approaches should actively promote collaboration rather than competition, especially in communities where multiple services work toward shared goals.

References

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