A new approach to programs for families and children: Centre for Policy Development submission

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Executive summary

CPD is pleased to provide a response to the Department of Social Services (DSS) on a new approach to programs for families and children.

CPD's research over the last decade spans social services systems. From refugee settlement to early childhood education and from criminal justice to employment services, the evidence is clear - the approaches we have used in the past are struggling to keep pace with the challenges we face today. A new approach is exactly what is needed.

In setting the parameters for this submission, CPD has drawn from two complimentary perspectives:

1. **Taking a wellbeing government approach** - Aligning investment, programs and outcomes to the Measuring What Matters framework and applying holistic, long-term, preventative and participatory principles to decision-making.
2. **Putting people and place at the centre of social services** - Making the most of the reforms to shift this part of the system away from short-term, risk-averse and rigid contractual obligations to a long-term, relational approach that is characterised by devolved decision-making, flexibility, adaptability, learning and knowledge-sharing.

This submission is structured in two sections. The first section provides advice on how the Families and Children (FaC) Activity Program can be part of a progressively universal system for children and families, and CPD proposes three ways to do this:

Recommendation 1. Integrate and coordinate the Families and Children Activity reforms with services delivered by other Commonwealth departments and levels of government:

a. Integrate the new Families and Children program with existing universal services via the methods outlined in recommendation 3
b. Collaborate with other departments and levels of government to coordinate reforms
c. Create and communicate a reform implementation plan for the next five years

Recommendation 2. Ensure a high-quality, accessible and safe universal front door for children and families:

a. Revise the Access Strategy Guidelines to include concrete guidance on a wider range of access issues
b. Expand the new program's two high-level outcomes to include additional family dynamics beyond parents, caregivers and children, and to include the role of the broader community

Recommendation 3. Invest in the 'glue' that enables integrated service delivery:

a. Allocate dedicated flexible funding for partnership-building activities
b. Resource interdisciplinary bodies for shared learning, information sharing, referrals and joint planning
c. Develop tools for strengths-based assessment approaches and train practitioners in their use
d. Invest in service navigators
e. Include willingness and potential for service integration as a success criterion in grant applications

The second section provides advice on embedding relational contracting and community-led decision-making for the long term as part of the FaC reforms. CPD recommends four ways to do this:

Recommendation 4. Continue funding Communities for Children Facilitating Partners and embed the model across the new Families and Children Activity

Recommendation 5. Build the capability and mindsets for relational contracting over time:

a. Ensure that all contracts under the new Families and Children program include a relational component, with the view to gradually increase these relational elements over time
b. Ensure the number of contracts managed by each Funding Arrangement Manager is low enough that they can form genuine relationships with providers
c. Create an authorising environment where Funding Arrangement Managers have the flexibility necessary for relational contracting
d. Share learnings from the Communities for Children Facilitating Partners to Funding Arrangement Managers and the Department of Social Services policy teams

Recommendation 6. Support community-led service models and decision-making:

a. Proactively invest in community readiness for grant applicants that demonstrate potential but are in the early stages of building local connection
b. Create and resource a permanent lived experience advisory group that includes children and young people to drive systems change within the Department of Social Services

Recommendation 7. Coordinate and iterate outcomes reporting in partnership with providers and communities

a. Coordinate the outcomes providers report to, ensuring that they work together to achieve national outcomes, including as outlined in government-wide wellbeing frameworks
b. Revise the new program's two high-level outcomes to include a multidimensional view of wellbeing
c. Iteratively adjust the outcomes providers must report based on feedback from providers, children and families
d. Use the data collected through DEX to produce transparent and useful system-wide and organisation-specific insights for providers and communities

These are the system shifts that our research has shown will make a difference to outcomes over the long-term. They are the shifts that people and communities are looking for. In leading these reforms, DSS has the opportunity to demonstrate leadership at a national scale. Showing what it looks like to work with the strengths of local communities and stewarding systems to bring about an equitable and inclusive society.

Part 1 - Integrating universal and targeted services to create a progressively universal system for children and families

CPD supports the proposed alignment of the in-scope FaC Activity programs under a single national program and strongly supports the focus on prevention and early intervention. The use of the concept of proportionate universalism to design the new program creates a strong framework for these reforms. However, CPD encourages the department to go further and adopt a progressively universal approach to support all children and families to thrive.[1] This approach goes beyond scaling interventions and funding based on community need, as in proportionate universalism, to include embedding equity in system design such that all families receive the right combination of support at the right time. This means anyone can engage with universally accessible and high-quality support and receive additional services based on their needs, capabilities and aspirations. This approach places the responsibility of streamlining complex and disjointed requirements on system stewards and requires joined-up services that reach children and families in the universal settings they already engage with.

These reforms are an opportunity to embed progressive universalism in the design of the FaC Activity, and CPD proposes three ways to do this:

Recommendation 1. Integrate and coordinate the Families and Children Activity reforms with services delivered by other Commonwealth departments and levels of government:

a. Integrate the new Families and Children program with existing universal services via the methods outlined in recommendation 3
b. Collaborate with other departments and levels of government to coordinate reforms
c. Create and communicate a reform implementation plan for the next five years

Recommendation 2. Ensure a high-quality, accessible and safe universal front door for children and families:

a. Revise the Access Strategy Guidelines to include concrete guidance on a wider range of access issues
b. Expand the new program's two high-level outcomes to include additional family dynamics beyond parents, caregivers and children, and to include the role of the broader community

Recommendation 3. Invest in the 'glue' that enables integrated service delivery:

a. Allocate dedicated flexible funding for partnership-building activities
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e. Include willingness and potential for service integration as a success criterion in grant applications

Recommendation 1: Integrate and coordinate the Families and Children Activity reforms with services delivered by other Commonwealth departments and levels of government

The prevention and early intervention support delivered through the FaC Activity should be integrated with other universal services. This would strengthen the ability of these universal services to respond to a wider range of children and families in need, rather than needing to refer children and families to a targeted service.

In particular, greater integration with universal early childhood services would maximise the new FaC Activity program's ability to offer support as early as possible in a person's life and reach all families that need support. This will have long-term benefits for children's health, education and employment[2,3] and is particularly important given the increasing proportion of children who start school developmentally vulnerable,[4] that 15.6% of children in Australia are living below the poverty line,[5] and recent declines in education outcomes like school attendance and meeting reading benchmarks.[6] To further strengthen a universal base of support for families and children, **CPD recommends that DSS integrate the new program of families and children services with existing universal service systems such as ECEC[7] and CFHS using the methods discussed in recommendation 3**. DSS should also integrate the new FaC program with schools and other universal health systems such as GPs that continue to provide the connection to support after the first 2000 days.

There are examples of this integration currently occurring within the FaC Activity. Playgroups and supported playgroups are offered as universal 'soft entry' points that meet the universal need for social support while also linking families to more formal services when necessary. A 2024 NSW Department of Communities and Justice review of supported playgroups found that delivering playgroups through existing, well-regarded universal community services (in that case, a child and family health service), enhanced service integration and engaged vulnerable families in support-seeking in an acceptable and non-stigmatising way.[8] Playgroup delivery already demonstrates a

joined-up and progressively universal approach by:

- providing information to parents
- organising visits from other community organisations
- arranging visits from health professionals, including child and family health nurses, occupational therapists, speech pathologists, dieticians and financial counsellors
- collaborating with other services or agencies to bring new participants into the playgroup
- providing 'warm referrals' where the facilitator introduces the carer/family to other services such as family violence or mental health support services

All programs delivered under the newly proposed three streams should be supported by DSS to operate in the same way. As the FaC Activity already delivers a diverse spectrum of supports that range from more broadly available services, such as playgroups, to more targeted supports, such as Specialised Family Violence Services, DSS is uniquely placed to deliver the transformations needed to realise system-wide integration. This is particularly true given the department administers many programs outside of FaC that are directly relevant to children and families, such as the Strong and Resilient Communities Activity or Stronger Places, Stronger People.

There are also current opportunities to maximise the impact of a progressively universal FaC program by leveraging existing reforms and working with the states and territories. Thriving Kids provides the opportunity for DSS to collaborate with the Department of Health to develop seamless pathways for children with developmental difference, delay or disability and their families. Universal ECEC is another opportunity for DSS to collaborate with the Department of Education to develop better integrated services within a safe, effective and universal front door. Many providers of the in-scope FaC programs also deliver services under the Attorney-General's Department's Family Relationships Services Program, which are contracted until June 2028.

Similarly, there are several state reforms that create an opportunity for greater alignment. New South Wales is merging its Targeted Earlier Intervention and Family Connect and Support Programs into Community and Family Support. The conclusion of South Australia's Royal Commission into Domestic, Family and Sexual Violence will no doubt spark reforms relevant to the FaC Activity.

These reforms are not only opportunities for greater integration but will require coordination and collaboration across departments and levels of government. Such coordination would help reduce duplication that makes the system more confusing to navigate and creates additional burden for providers administering multiple contracts. Increased coordination would also support providers who are involved in multiple, simultaneous reforms, reducing the number of consultations and internal organisational changes they need to manage. Notably, the risk of duplication with the states is heightened due to the new FaC program's proposed focus on children at risk of entering child protection.

CPD recommends that DSS collaborate across levels of government and with relevant government departments throughout these reforms to better coordinate and integrate services on which families and children rely. There are a range of ways to achieve this, including through partnering with the Department of Health, Department of Education and state and territory governments to integrate policy development, service design and delivery and to work towards shared accountability over time. At the Commonwealth level, this would be further supported by setting whole-of-government goals, aligning short- and medium-term departmental objectives with these goals and structuring accountability processes around these goals.[9]

This reform process provides an opportunity for DSS to develop a reform implementation plan to coordinate the FaC Activity changes with ongoing reforms in other departments or jurisdictions. This plan should outline key systems transformations and approximate timelines for these changes. Such a plan also provides the opportunity for DSS to better plan key commissioning milestones, such as when providers will be notified of funding renewal and consultation time for the next recommissioning. Such consultations and funding renewals should operate over longer timelines to ensure providers are able to adequately provide input and manage internal organisational changes. This would allow for a more cohesive systems change, build greater trust with the sector and provide more security for the workforce.

To support these reforms, **CPD recommends that DSS create and communicate a reform implementation plan for the next five years that outlines the system transformations required for the new FaC program and how these changes will be coordinated with other major government reforms**. This plan should be clearly communicated to the sector by the commencement of the new grants, and build-in ongoing consultation with providers and children and families with lived experience. DSS might follow the approach used in South Australia's Roadmap for reforming the Child and Family Support System.[10]

Recommendation 2: Ensure a high-quality, accessible and safe universal front door for children and families

Progressive universalism begins with a high-quality universal front door available to all children and families, with well-integrated, layered support that scales according to context and need. Accessibility is an essential part of this universal front door, but Australians continue to struggle to access a range of social services in Australia, even when they are entitled to them. This is particularly the case for regional and remote communities,[11,12] First Nations and culturally and linguistically diverse peoples,[13,14] and people experiencing entrenched disadvantage.[15] Accessibility to universal services is also critically important for children and families who do not live in communities that receive targeted services or co-located Hubs. Given that nearly a third of all children living in lower-income households live outside of the most disadvantaged areas, universal services are their doorway into the service system.[16]

For the new FaC program to function as a welcoming entry point through which children and families begin engaging with support, they need to be highly accessible. The department currently sets out guidelines and resources for providers to have an access strategy that involves needs assessment and culturally competent practice.[17] **CPD recommends that DSS review their FaC Activity Access Strategy Guidelines to include concrete guidance for providers on addressing a range of barriers to access**. These barriers might include:

- ⇒ Cultural safety and competency
- ⇒ Transport time and costs
- ⇒ Service availability in a given location
- ⇒ Accessibility for people living with disabilities
- ⇒ Limited operating hours
- ⇒ Communication barriers

Ensuring broad entitlement and accessibility can also be achieved by revising the two high-level outcomes of the new program. The current wording of these outcomes focuses on parents or caregivers and children. However, this excludes many family dynamics that do not fit the mould of the nuclear family, including:

- ⇒ Couples without dependent children
- ⇒ The extended kinship networks of many First Nations and culturally and linguistically diverse peoples
- ⇒ Multi-generational households
- ⇒ People estranged from their biological family who are supported by their "chosen family"

The outcomes outlined in the discussion paper also do not mention the role of the community. Communities, including the

people and built and natural environments, are critical factors in enabling healthy and resilient children. Given that communities play an essential role in child development and healthy family dynamics,[18] this is a missed opportunity to go even further upstream and prevent issues before they arise. The degree to which children are connected to and supported by their community should be reflected in the two high-level outcomes.

If all services in the new national program are working towards the outcomes outlined in the discussion paper, there is a risk that they become inaccessible or unsafe for many families due to these missing components. As a result, **CPD recommends that DSS expand the new program's two high-level outcomes to include additional family dynamics beyond parents, caregivers and children, and to include the role of the broader community**. This change should be considered alongside recommendation 7b of this submission, which outlines the case for including a multi-dimensional view of wellbeing in the two high-level outcomes.

Recommendation 3: Invest in the 'glue' that enables integrated service delivery

In addition to strengthening the universal front door, progressive universalism requires integrating universal and targeted services to ensure families receive the right support at the right time, in non-stigmatising ways. Creating a single national program is an excellent opportunity to achieve this. CPD supports the discussion paper's framing of 'connected, co-located, and integrated services'. This acknowledges that what is important is not the form that these integrated services take, but that they are integrating in a way that meets the needs of children and families.

In many social service systems, supports follow the three-tiered public health model that organises services into primary, secondary and tertiary depending on intensity.[19,20,21] However, when these three tiers become so rigidly defined, they often become stigmatising and resources that might be used for early-intervention are utilised too late, often due to rigid eligibility criteria or risk assessments that ignore families aspirations and strengths.[22] Integrated service delivery addresses these concerns. It is typically implemented as a place-based approach where integrated services are planned and delivered in a defined socio-geographic area,[23] and it enables the people experiencing multiple and interrelated forms of disadvantage to access a more holistic suite of supports.[24]

The dominant model of integrated service delivery is often seen to be physical co-location, such as child and family hubs that integrate services like health, education, parenting programs, playgroups, community legal services or housing and homelessness support.[25] These hubs are typically planned in areas of concentrated socioeconomic disadvantage in order to have maximum impact, and there is a growing body of evidence to support the impact of hubs on children in these communities.[26] However, this approach excludes families living outside these areas, including those experiencing significant vulnerability or disadvantage, from holistic, wraparound services. Many families who live in regional, remote and very remote locations are also unable to benefit from the support of a physically co-located hub, which is often not feasible due to distance, staffing requirements and the cost of operating a hub for a small number of families. This means that hubs alone are unable to address broader systemic flaws that limit better outcomes for all children and families across the board.

Often described as the 'glue', gold-standard integration at the service delivery level requires investment into the less tangible and often unfunded elements that make up service integration. The proposed consolidation of contracts under the new program could go some of the way towards funding the glue, as providers can reallocate their resources away from administration and towards growing partnership.[27] Nevertheless,

DSS will need to allocate additional, dedicated resources to enable service integration.

There is ample research into what investing in the 'glue' might look like.[28,29,30] There are also many existing examples of good practice of service integration from which DSS can learn:

- ⇒ Soft entry points that make it easier for families to learn about additional service offerings (e.g., New South Wales' Schools as Community Centres)
- ⇒ Strengths-based assessments guided by practitioner and user aspirations (e.g., Maternal Early Childhood Sustained Home-visiting in South West Sydney)
- ⇒ Seamless movement across service intensity levels without stigma (e.g., Tasmania's Child and Family Learning Centres).
- ⇒ System navigators that employ relational care (e.g., Village Connect, The Hive Mt Druitt)
- ⇒ Building strong networks and communication channels between practitioners across universal and targeted service systems at a local and regional level (e.g., South Australia's Child and Family Safety Networks)
- ⇒ Promoting shared understanding and collaboration through interdisciplinary communities of practice, shared training, and shared data systems (e.g., the Restacking the Odds Learning System, Imagined Futures)

The operational guidelines for the existing FaC Activity programs instruct and guide providers to collaborate with other agencies and make interagency referrals. Guidelines alone are not enough. **CPD recommends that DSS invest in the 'glue' that enables integrated service delivery by:**

a. **Allocating additional, flexible funding to providers dedicated to strengthening partnership between service providers, community representatives and various government agencies.** This funding could be spent on activities like joint planning, shared professional development, community co-design, inter-agency meetings and the administration costs of collaboration.[31,32]
b. **Creating and resourcing interdisciplinary bodies that cut across federal and state systems (e.g., FaC Activity programs, child protection, police, health, education) that improve the local coordination of services.** This should include communities of practice that enable shared understanding and local networks that enable information-sharing, referrals and joint planning.
c. **Designing strength-based rather than risk-based assessment tools and training practitioners in their use.** These tools should make greater use of each practitioner's professional experience and relationship with the family.[33]
d. **Implementing professional and peer service navigators that connect families and children with services that match their aspirations and strengths.** This should be followed up with ongoing capability building and professional development for this workforce.[34]
e. **Assessing grant applicants on their willingness and potential to integrate with other services should they receive the proper funding, rather than purely their existing level of integration.**

Part 2 - Embedding relational contracting and community-led decision-making for the long term

These reforms present an opportunity to lead the way in transforming contracting and commissioning across DSS, other Commonwealth departments and within state

and territory governments. Part 1 of this submission outlines some of the system design elements needed to achieve a progressively universal FaC Activity that truly supports children and families. Part 2 focuses on the administrative tools and structures that embed progressive universalism as the primary way of working within the FaC Activity and across the social services. Relational contracting and community-led decision-making enable the innovation, continuous learning and equity between providers that is needed to make these reforms stick and improve outcomes for children, families and communities.

The operational guidelines for the five in-scope programs currently allows for 10% of funding to be used for innovation. However, there remains an ongoing need for learning and innovation in the social services sector.[35,36] It is unclear from the discussion paper how innovation will be supported through the proposed reforms. Relational contracting can fill this gap. Pairing investing in innovation with the flexibility of relational contracting can provide the space for providers to experiment without fear of punishment, as mistakes are treated as learning experiences on a longer journey. Avoiding punitive approaches to contract management also supports contract managers to collaborate with providers to lift service quality over time.

Relational contracting and community-led decision-making can address issues of inequitable funding. Current grant and tender processes benefit large organisations who have the resources and capabilities to write grant applications in a way that conforms to government expectations.[37] This creates competition between the quality of organisations' grant applications rather than the quality of their services, outcomes or community connections. Relational contracting can help address this inequity by basing less of the contracting relationship on narrow or complex administrative requirements and more on ongoing communication between the government and service provider. Community-led decision-making can reduce inequity as communities are more likely to value providers with strong local connections that respond to their needs and context, rather than those who create the most administratively compliant application.

Relational and community-led approaches are especially ideal for the FaC Activity. Long-term relationships between DSS and providers already exist given that many providers already operate on five year grants. The sector has also operated under more relational and collaborative conditions in the past that might be reactivated via the current reforms.

CPD proposes four ways to embed relational contracting and community-led decision-making into the new national program:

Recommendation 4. Continue funding Communities for Children Facilitating Partners and embed the model across the new Families and Children Activity

Recommendation 5. Build the capability and mindsets for relational contracting over time:

a. Ensure that all contracts under the new Families and Children program include a relational component, with the view to gradually increase these relational elements over time
b. Ensure the number of contracts managed by each Funding Arrangement Manager is low enough that they can form genuine relationships with providers
c. Create an authorising environment where Funding Arrangement Managers have the flexibility necessary for relational contracting
d. Share learnings from the Communities for Children Facilitating Partners to Funding Arrangement Managers and the Department of Social Services policy teams

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a. Proactively invest in community readiness for grant applicants that demonstrate potential but are in the early stages of building local connection

b. Create and resource a permanent lived experience advisory group that includes children and young people to drive systems change within the Department of Social Services

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a. Coordinate the outcomes providers report to, ensuring that they work together to achieve national outcomes, including as outlined in government-wide wellbeing frameworks
b. Revise the new program's two high-level outcomes to include a multidimensional view of wellbeing
c. Iteratively adjust the outcomes providers must report based on feedback from providers, children and families
d. Use the data collected through DEX to produce transparent and useful system-wide and organisation-specific insights for providers and communities

Recommendation 4: Continue funding Communities for Children Facilitating Partners and embed the model across the new Families and Children Activity

A key concern for the transition into the new program is funding for Communities for Children Facilitating Partner (CfC FP) sites. It is CPD's understanding that, under the proposed new program, CfC FP will cease as a distinct program but that existing Facilitating Partners can continue to apply for funding under the three new streams. CPD also understands that other entities using a similar model to CfC FP may also apply for funding. This is a valuable opportunity to spread the good practice that is the CfC FP model beyond the current 52 sites. However, this cannot result in the existing CfC FP sites losing their funding.

The CfC FP model achieves high value for money, with cost-benefit analyses of the initiative showing a return on investment ranging from $3.28 to $4.76 for every dollar spent.[38] The National Evaluation of the CfC FP model found a range of benefits, including better service coordination, community embeddedness and filling service gaps.[39] The selection criteria for programs under CfC FP must also meet minimum evidence requirements. Further, given that the existing communities where CfC FPs are located were chosen for their level of disadvantage and that most CfC programs have been in place for over 20 years, the costs of divesting in these places would almost certainly outweigh the potential value gained by allocating that money elsewhere. As a result, **CPD recommends that DSS not divest from the existing 52 CfC FP sites and instead use these reforms to embed the CfC FP model across the second and third streams of the new program**.

Recommendation 5: Build the capability and mindsets for relational contracting over time

There are a range of capabilities and mindsets that are core to effective relational contracting. Considine and colleagues note that in Formal Relational Contracting (FRC), "parties acknowledge that they are involved in a continuing set of engagements, not a once-off transaction".[40] They explain that it involves agreement on governance structures, shared principles and procedures for ongoing alignment. In South Australia's (SA) Child and Family Support System (CFSS), which employs relational contracting, these procedures included formal semi-structure meetings and informal communication like phone calls or emails.[41] Transitioning to relational contracting will require a shift in the ways of working for DSS and service providers.

Importantly, this transition is not a binary choice between transactional or relational contracts, but rather shifting practice to a different point on a spectrum. Relational contracts inevitably involve both fixed and flexible elements, and the more transactional components, when designed and executed well, can enhance the relational aspects of the contract.[42] For instance, in the CFSS, the SA Department of Human Services (DHS) requires providers to provide financial, safety,

performance and other information as part of the contract. The department is then able to turn that information into practical learnings that it shares back to providers via ongoing conversations. This builds trust and reorients contracting around collaboratively improving performance rather than merely forcing providers to comply with government requirements.[43]

The discussion paper notes that grant applicants will have a choice as to whether they would prefer a relational contract or a standard grant agreement. This has merit. It means providers who do not want any change in how their funding is administered have that choice. This is particularly relevant given the precise model for the relational contracts has yet to be outlined and not all providers have a clear understanding of the concept. Giving providers a choice also creates an opportunity for comparative analysis of relational and non-relational contracting for any future evaluations. CPD supports trialling FRC (as conceptualised by Considine and others) as a concrete method for achieving a more relational contracting relationship with providers.

However, the system is already heavily geared towards transactional arrangements, which impedes building the necessary capability and mindsets for embedding relational contracting across the FaC Activity and beyond. Relational approaches cannot be learnt only via a course or in a workshop, they are internalised by doing them.[44] As contracts exist on a spectrum, and relational approaches are beneficial even for contracts that might otherwise be considered "transactional", the more staff that have embodied relational ways of contracting, the more they can support others along that journey and the broader public service capability can grow.

CPD recommends that DSS ensure that all contracts under the new FaC program include a relational component, with the view to gradually increase these relational elements over time. This would help Funding Arrangement Managers (FAMs) and providers begin building the capabilities and mindsets necessary for administering relational contracts and maximally embed relational approaches across the Community Grants Hub and broader system. If a distinction between formal relational contracts and transactional contracts is preferred, DSS should prioritise working relationally with smaller, community-led providers that operate in environments of high complexity.

A shift towards relational approaches will also require active support and investment from the department. **CPD recommends that DSS support FAMs to deliver relational contracting by:**

1. **Adequately resourcing the Commonwealth Community Grants Hub so that the FAM to provider ratio is low enough that genuine relationship building can occur and**
2. **Creating an organisational culture within DSS where FAMs are given the confidence, flexibility and authorising environment to make the decisions necessary for relational contracting**.

Ensuring FAMs are adequately supported is not just important for making relational contracting work, but it would also assist with staff retention. In relational contracting, staff turnover is particularly harmful, as it means providers need to rebuild their relationship with their contract manager, creating disruption and reducing productivity. As a result, FAM retention should be a priority of the department. More broadly, DSS should maximise the continuity of the relationship between a given FAM and the providers they manage to ensure these relationships are built on ongoing trust.

CPD also recommends that DSS share learnings gained by CfC FPs on relational contracting and adapting to community need to FAMs and DSS policy departments. This could be done via communities of practice, secondments, directly hiring former CfC FP staff or similar mechanisms. These facilitating partners have built capabilities for community-led decision-making, relational contracting and service coordination over the

past 20 years that should be passed on, as much as possible, to the FAMs managing contracts under the new program.

Recommendation 6: Support community-led service models and decision-making

CPD strongly supports the proposed priority investment in services informed by community need and in strengthening Aboriginal Community-Controlled Organisations (ACCOs). We also support the prioritisation of grant applications that show strong local partnerships and local governance that includes community leaders and people with lived experience. Many of the methods for service integration discussed in recommendation 3 are relevant to achieving community-led service delivery and decision-making. This section will focus on how DSS can genuinely support community voice and leadership.

There are several ways DSS might measure the quantity and quality of local community connections. Academic literature from industries like mining and forest management provides frameworks to help conceptualise social licence to operate.[45,46] Jobs Victoria's Mentor Service required providers to demonstrate their partnerships with local employers and other service providers.[47] Providers demonstrated these connections through methods like listing partner organisations, submitting letters of support and outlining how the outcomes achieved by each partner work together to achieve the goals of the program.[48] The Brotherhood of St Laurence's (BSL's) Home Interaction Program for Parents and Youngsters (HIPPY) assesses connection to community by including community members on selection panels and co-creating assessment criteria with them.[49] Applicants for the new national program might also be assessed on:

- ⇒ The provider's participation in local communities of practice, community governance groups or other established local networks
- ⇒ How long the provider has had a physical presence within a community
- ⇒ What proportion of their time and resources are dedicated to community engagement
- ⇒ The proportion of the provider's workforce that are local to the communities they serve
- ⇒ The presence of children and families with lived experience in the provider's governance structures

For instance, the Victorian Government-funded Junubi Wyndham aims to support young people in South Sudanese communities and their families, and includes all South Sudanese staff, ongoing community consultation and a local reference group.

Whatever assessment methods are used, DSS must clearly communicate them to applicants to ensure that providers are able to clearly articulate their ability to meet the criteria relevant to responding to community need.

It is important to recognise that efforts to form local community partnerships are frequently unfunded. Some organisations piece together funding from philanthropy and other sources to resource this work. However, the vast majority of this effort is essentially volunteered by practitioners going beyond their role requirements for the good of their communities. This is not sustainable, fair or efficient. Building genuine relationships with other service providers and the community takes time and relies on those partners having the willingness, capacity and funding. In addition, there are many barriers outside the control of people in local communities that can inhibit their ability to organise themselves in a way appropriate for government grant application processes. Given this context, the onus for local partnership should not be entirely on the community and providers.

CPD recommends that DSS consider community-led grant applications that show potential but lack complete readiness as viable applicants and provide additional funding for these communities to strengthen

their local connections and capabilities. The department might look to resources like Ready Communities' white paper,[50] Partnerships for Local Action and Community Empowerment's resource library, Collaboration for Impact's Platform C or Thriving Queensland Kids Partnership's resource library. DSS might also support communities with potential to build their capabilities by partnering them with larger or more mature organisations. BSL's HIPPY program supports capability-building for ACCOs by partnering them with a larger provider, with the long-term goal being a full transition to the ACCO.[51] Victoria's Supporting Jobseekers of African and Pasifika Heritage program similarly paired smaller and larger providers together to assist with the capability building of the smaller organisation.[52]

Beyond empowering communities through additional resourcing and support, DSS should gain greater input from children and families to inform their stewardship of the FaC Activity. This is true for both how the Commonwealth Community Grants Hubs administers grants and how the policy teams within DSS design the reformed FaC program. Children and young people in particular should have a much stronger voice in the design of services that affect them, as ARACY notes in their The State of Australia's Children report.[53]

In gaining greater input from children and families, DSS might be guided by the Lived Experience Network (LEN) within South Australia's CFSS. LEN consists of up to 15 system advisors who have experienced child safety and wellbeing issues and are at a place in their healing journey where it feels empowering to influence the CFSS in a positive way. Supported by a dedicated coordinator, they have used their lived experience expertise to regularly advise the CFSS leadership in quarterly meetings, help develop practice guides and frameworks, amend data collection tools and deliver presentations to the sector.[54] The integration of LEN into the CFSS has contributed to substantial service improvements and improved workforce morale as practitioners get to directly hear the difference that they make for children and families. DSS might also be guided by work from the Accountable Futures Collective (AFC). AFC has done some early work with governments and out-of-home care providers to genuinely include young people in decision making, including by having young people author performance frameworks and set strategic goals.[55]

CPD recommends that DSS form and fully resource a permanent lived experience advisory group with real decision-making power to inform and drive change within the new FaC reforms and provide advice on grant assessment processes and program design. The department should fully resource this group with a dedicated staff member; remuneration for the group's lived experience expertise; and additional support where required, such as a creche or reimbursement for transport costs. In forming this group, DSS should aim to recruit a diverse membership, drawing from existing peer support programs or lived experience advisory groups as necessary. The group should also prioritise the voice of children and young people, potentially via a second group that is specifically made up of young people. The department might draw on resources like the terms of reference for South Australia's LEN or the many publications and workshops delivered by the Lived Experience Leadership and Advocacy Network. DSS might also draw on learnings from similar bodies at the Commonwealth level, such as the National Lived Experience Advisory Council for Domestic, Family and Sexual Violence or previous lived experience advisory groups, such as those created during the development of the Early Years Strategy and Safe and Supported. It is important that this advisory group is not a temporary body for the initial development of reforms, but an ongoing and fully resourced entity that drives continuous systems change across the FaC Activity.

Recommendation 7: Coordinate and iterate outcomes reporting in

partnership with providers and communities

CPD supports moving away from only reporting outputs towards attempting to measure impact for children and families. This has the potential to reduce administrative burden and incentivise service quality rather than merely service quantity.

In moving towards outcomes-based reporting, **CPD recommends that DSS consider how the outcomes of various providers interact to achieve the program's two high-level outcomes and the outcomes of broader national frameworks like the Early Years Strategy or Measuring What Matters**. This approach can be seen in Jobs Tasmania's Outcomes Framework for Youth Employment Programs,[56] which breaks down the ultimate goal of having "all young Tasmanians engaged in education, training or quality work, and achieve economic independence" into specific pieces like "young people have improved career direction including ability to career plan" or "increased availability of entry level jobs that can be filled by young people".

CPD also recommends that DSS revise the new program's two high-level outcomes to explicitly include a multidimensional view of wellbeing and social determinants of health. Currently, the outcomes focus on healthy and resilient children. Without further clarification, applicants might interpret the scope of their work as being limited to physical health and safety. However, wellbeing is better conceptualised as maintaining an appropriate balance between one's capabilities and the challenges within their environment.[57] This balancing occurs across various intersecting dimensions, including the physical, emotional, psychological, spiritual, social and more depending on the specific model of wellbeing one uses. Conceptions and determinants of wellbeing can also vary based on culture, such as the importance of strong connections between Country, people and culture for the wellbeing of First Nations peoples.[58]

If the two high-level outcomes of the new program shape the scope and nature of funded programs, then it is essential that they reflect the wide range of impacts the FaC Activity has for individual and community wellbeing. A more multi-dimensional view of wellbeing would also better align the program objectives with broader wellbeing frameworks, as recommended earlier. There are a range of national frameworks and strategies from which this multi-dimensional view of wellbeing might be drawn from that will also align the FaC activity with whole-of-government goals. These include the Measuring What Matters Framework, the Closing the Gap targets and outcomes, the outcomes outlined in the Early Years Strategy and the National Aboriginal and Torres Strait Islander Early Childhood Strategy. These recommended changes to the two high-level outcomes should be considered alongside recommendation 2b of this submission, which suggests expanding the outcomes to include a wider range of family dynamics and the role of community for child and family wellbeing.

In moving towards outcomes-based reporting, there are several challenges that DSS will need to address. Outcomes are not completely in the control of service providers but shaped by many interrelated and dynamic factors that often arise from broader economic or social conditions. Providers should not be penalised for poor outcomes that they have no control over, for instance, a reduction in parental mental health caused by increasing cost of living. When funding is tied to certain outcomes, it can also create perverse incentives for providers. In employment services, for example, outcomes-based funding incentivised providers to focus "on moving those jobseekers who were closer to the labour market into work as quickly as possible ('creaming'), while neglecting those who needed additional support ('parking')".[59] In addition, many outcomes can be difficult to measure, and providers, especially smaller providers, may not have the capabilities for such measurement.

With these challenges in mind, the goal of outcomes-based reporting should be to understand progress towards high-level goals and facilitate learning, rather than track outcomes for their own sake. To achieve this, **CPD recommends that the department work with providers to iterate the outcomes they are accountable for over time to find indicators that are measurable, within the control of providers, and ultimately incentivise family and community wellbeing**. The proposed focus on relational contracting would enable this ongoing iteration by affording flexible performance indicators co-created by government and provider.

This iterative approach to reporting was taken by SA's CFSS. DHS used epidemiological data analysis to find that engagement rates of clients (proportion of referred clients that engage with services) was statistically associated with the engagement strategy used by providers but not client risk factors. As a result, DHS were confident that they could use a provider's engagement rate as a performance indicator in their contracts.[60]

Reforming the approach to outcomes reporting is an opportunity to transform the role the Date Exchange (DEX) has in the FaC Activity and other systems. CPD has heard from many providers that reporting through DEX is onerous and provides little value to them. Many providers institute their own additional evaluation processes to facilitate service improvement on top of their reporting in DEX. The discussion paper notes that DSS intends to make DEX mandatory in the new program. This has the potential to enable better quality system-wide data. However, to minimise burden for providers and ensure practitioners implement this data collection effectively, DEX needs to provide value and facilitate learning.

CPD recommends that DSS use the data collected through DEX to produce transparent and useful system-wide and organisation-specific insights for providers and communities. These insights should move beyond what is currently offered through the DEX Partnership Approach and might focus on demonstrating impact, service improvements, unmet need or benchmarking quality. The proposed increased focus on qualitative reporting can assist with this, particularly in its ability to directly include the perspective of children and families. However, this will need DSS to translate this information into a form that is valuable to providers. The current Activity Work Plan templates already allow for qualitative reporting via the Progress Report. This qualitative data should be equally valued and synthesised with other reporting measures to create genuine improvements to service delivery. A co-design process with providers, children and families would be useful for figuring out what kind of insights are most likely to improve service quality and outcomes. Many submissions into the current consultation would also give DSS an indication of the kind of data that is useful to providers.

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