

Submission

To	Department of Social Services
Topic	A new approach to programs for families and children
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About

We are an inclusive not-for-profit organisation working alongside more than 80,000 South Australians each year and have been creating positive change for South Australian communities for more than 120 years. We advocate for systems change across diverse social justice issues to shape public and social policy that delivers better outcomes for marginalised communities. We support those in need to find the courage to move forward through enriching their lives and uniting the communities in which they live. By tackling the deep-seated challenges that affect people's lives, we are working to create systemic change and brighter futures for all South Australians.

We currently have multiple services funded through DSS Family and Children Activity program including, Specialised Family Violence Services, Family and Relationship Services, a Family and Relationship Centre, a Family Mental Health Support Service and as a facilitating partner of the Communities for Children program.

Submission in response to a new approach to programs for families and children

Uniting Communities thanks the Department of Social Services for the opportunity to contribute to the consultation on, 'a new approach to programs for families and children.' We recognise this process builds on previous consultations regarding the currently funded programs and welcome the Department's continued engagement.

We broadly support the vision and focus outlined, while offering recommendations to ensure the approach is fit for purpose when implemented.

The proposed shift towards more flexible, long-term contracts is particularly welcome. Relational contracting will support services to adapt service delivery to best meet the needs of their community. It allows for the efficient use of funds to ensure rapid iteration and response to changes to community need, ensuring that we, as service providers, can maximise our impact for the communities we serve.

We also support the move to reduce reporting requirements. As with relational contracting, this will also enable services to concentrate more fully on achieving meaningful outcomes for children, families, and communities.

Our key recommendations:

1. **The department define clearer, targeted outcome statements with specific focus areas to ensure funding is distributed intentionally and to support clear decision making.**
2. **Additional information on funding streams is offered prior to the tender process, enabling services to design proposals that deliver targeted outcomes.**
3. **Family violence should be explicitly included within the priorities, with particular attention to addressing the use of violence and working with perpetrators.**
4. **Priority two must move beyond co-location to require complementarity, coordination and collaboration, creating cohesive multidisciplinary responses that reduce fragmentation and remove duplication.**
5. **Children in the middle years (ages 12–15) should be explicitly included alongside 0–5-year-old priorities under family wellbeing, recognising this stage as a crucial opportunity to address emerging mental health issues, family breakdown, and school disengagement.**
6. **The department supports organisations to access and use cross sector, deidentified data to analyse impact and adapt services.**

Response to Appendix A – Discussion Questions

Vision and outcomes

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

Are the two main outcomes what we should be working towards for children and families? Why/why not?

While we broadly support the vision and outcome statements, we are concerned that, within the proposed program structure, these statements are too high level. They could be used to describe a vast range of

government-funded programs, which risks creating a lack of direction. As a result, services may not be sufficiently targeted to achieving the actual outcomes that the department is seeking, the areas in which they have stated they will create change, and where the need is the greatest. For example, in the area of family violence.

Additionally, this may complicate the department's ability to collate and evaluate the impact of funded programs. These broad statements will likely make the procurement process particularly challenging for providers, who will have immense choice in which evidence-based programs to seek funding for, and which needs to address. There is a risk that services that fall outside the intended scope will apply for funding, placing a strain on their limited time and resourcing to invest in the process.

These broad statements will also create risks for the department. Broad specifications may also erode trust in the procurement process where clear justification for funding decisions is difficult to determine.

Greater direction from the department is needed, drawing on previous findings, by specifying a set of outcomes with clear focus areas under the two proposed outcome statements.

Program structure

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

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

While we broadly agree with the funding streams, the absence of additional criteria and detail makes it difficult to assess whether they truly reflect what families need now and into the future. Our services do fall within the three categories, because the categories are broad enough to encompass many service types. We recommend additional information is given before or within the tender process to allow services an opportunity to prepare and appropriately tailor service proposals.

We support the flexible approach that allows services to determine an effective service design by drawing on service expertise, while also encouraging adaptability over time. Clearer outcomes, as outlined above, will enable organisations to address the current inability to benchmark performance against other services and to demonstrate the delivery of cost-efficient support.

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?

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

We are broadly supportive of the four priorities. However, we believe reducing family violence, should be explicitly included, with particular attention to addressing the use of violence and working with perpetrators. The Commonwealth Government is well positioned to implement preventative measures that target harmful behaviours, strengthen education and shift attitudes to address the use of violence (for example, through local initiatives such as the current trial program Supporting Adolescent Boys [GRIT Program](#)).

In regard to priority two, we note that co-location alone does not guarantee efficiency or responsiveness. In some cases, it may unintentionally lead to duplication or reduce service diversity, particularly where families' needs are wide-ranging. Investment should therefore focus on **complementarity, coordination and collaboration**, rather than physical proximity alone, to ensure scarce resources are directed toward meeting the full spectrum of community needs. We encourage the department to unpack its use of the

term “integrated,” to determine how services can achieve this. True integration should provide families with a seamless experience across a wide range of complexities, through multidisciplinary or transdisciplinary responses that reduce fragmentation and avoid duplication.

We believe complementarity, coordination and collaboration with other services should form an essential element of service delivery that is the shared responsibility of both providers, who best understand demand and gaps, and funders.

We are concerned that priority three, ‘*ensure services are informed by, and respond to, community needs*,’ is too broad and risks lacking practical applicability. Relational contracting will help providers remain flexible and agile in meeting this intent. The strength of the priority lies in signalling that providers have a responsibility to be proactive; however, ideally this expectation should be embedded as a standard contractual requirement rather than identified as a separate priority.

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?

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

We welcome the demographic focus within the three key areas, which provides direction while remaining inclusive beyond these categories. While we agree children under five are a key demographic for prevention initiatives, we believe family violence (as noted above) and children in the middle years (aged 12-15) should also be an explicit focus area. The middle years is a time of vulnerability for families, with family conflict being a major driver of both child protection involvement and youth homelessness. Our experience is that there is a high prevalence of emerging mental health issues, behaviours of concern and the beginnings of family relationship breakdown, during these years. These issues escalate and compound, particularly with school disengagement, to contribute to significant disengagement for those aged 16-18. Early intervention initiatives such as the [Ruby’s program](#), that focus on supporting families with children aged 12-15, represent a critical investment point where government funding can deliver benefits across education, employment, health, mental health and in reducing substance use, offending, and homelessness.

In relation to ‘families at risk of child protection involvement,’ both light-touch interventions and services addressing complex, entrenched issues will be pivotal to reducing the number of children entering out-of-home care. This will help ensure services respond to the full breadth of people affected, rather than concentrating only on lower risk stages of intervention.

Measuring outcomes

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

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?

It is essential that both the quantity and quality of outcomes are considered in reporting, to maximise the impact of funding. The value of qualitative data, particularly the inclusion of lived experience, cannot be overstated. While quantitative measures are important, they often fail to capture the full picture, as success can look different for each client. By combining quantitative and qualitative data, the impact of services can be more accurately and comprehensively understood. In our experience, outcome tools that capture the voice of children, which is not yet explicit in the proposal, also provide great value. Child-centred tools such as the Outcomes Star have directly strengthened service delivery and improved outcomes.

We consider the most valuable data for effectively understanding service impact over time to be cross sectoral work. For example, the work we did at Uniting Communities with BetterStart to analyse the [impacts of our Ruby's reunification program](#). This research involved using de-identified data using public sector information including child protection contact, education, youth justice, corrections, hospital admissions, emergency presentations, drug and alcohol services, housing and homelessness, community mental health, and Centrelink welfare payments - to analyse client outcomes two years after exiting the program. Replicating this type of data analysis across other programs would be the most valuable way for us to analyse the impact of our funding, but it does require time and investment. We recommend DSS explores ways to support organisations to use similar methodologies or explore how DSS could provide similar de-identified information to services directly so that client outcomes could be examined, effective services adapted or expanded as a result.

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?

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

As an organisation constantly identifying ways to improve our services and adapt our services accordingly, we think this is a very positive initiative. Often restrictive contracts do not allow for adaption to services, limiting how services grow and improve over time. Long term, this approach to service contracts will produce better outcomes for children and families in Australia.

Other

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

Funding disparity

Unfortunately, current service funding has not kept pace with substantial cost and salary increases. As a result, the department should expect that services will submit tender budgets exceeding their current funding levels to reflect this disparity.

Outcomes

We want to reiterate that it is essential that the department clearly articulates the intended outcomes and goals, specifying who services should engage with, what outcomes are expected, and what change should be evident after the intervention. With this clarity, providers are then best placed to determine how those outcomes will be achieved, drawing on local knowledge, evidence, and adaptive practice.

Conclusion

We appreciate the opportunity to provide a submission to the Department of Social Services' consultation on a new approach to programs for families and children. There is a need for greater clarity and direction to ensure services are targeted where they are most needed. Clearer outcomes, additional focus areas (including family violence and families with children 12-15 years of age), and investment in cross sector data will enable providers to deliver evidence based and coordinated support to improve outcomes for children and families.