

8 December 2025

Department of Social Services

Via email: families@dss.gov.au

Re: Submission on 'A New Approach to Programs for Families and Children'

Thank you for the opportunity to provide feedback on the proposed reform to create a single national program for families and children.

NSW Council of Social Service (NCOSS) is the peak body for non-government organisations in the health and community services sector in NSW. We work to progress social justice and shape positive change towards a NSW free from inequality and disadvantage. We are an independent voice advocating for the wellbeing of NSW communities.

NCOSS welcomes this significant investment in streamlining services and commends the department's commitment to more flexible, longer term and responsive funding arrangements. We are broadly supportive of the reform and offer the following feedback to strengthen implementation and ensure optimal outcomes for children, families, and service providers.

In our submission, we highlight our key feedback from the themes identified in the Discussion Paper, drawing on our on-going advocacy work in the child and family sector, as well as insights from our members. We also recommend that the Department consider the submissions from the Australian Council of Social Service (ACOSS), Fams and the Association of Children's Welfare Agencies (ACWA) in shaping the reforms.

We look forward to working with you as you progress the reforms. If you have any questions, please contact [REDACTED]

Yours sincerely,

[REDACTED]

[REDACTED]

[REDACTED]

1. Vision and Program Structure

The three-stream structure offers welcome flexibility. To maximise its effectiveness, we recommend:

- Maintaining an equitable mix of small, medium, and large providers across all streams, as each brings unique strengths and community connections.
- Providing greater clarity on how specialist services will be positioned within this structure.
- Ensuring the program definition of families and children captures the full breadth of current service scope.
- Ensuring there is a strong focus on priority cohorts, including First Nations and Culturally and Linguistically Diverse communities, families with disability, and regional and rural communities across all investment priorities.

2. Investment Priorities and Service Scope

We support the four investment priorities outlined, particularly the emphasis on early intervention and prevention. We recommend that:

- These reforms should focus on providing universal, accessible early intervention supports rather than more intensive services.
- While the focus on 0–5 years is important, support should span the full 0–18 age range, recognising that critical transitions and challenges continue through childhood and adolescence.
- Clear coordination with the Thriving Kids program will be essential to maximise investment effectiveness and avoid duplication.

3. Connected, Co-Located, and Integrated Services

We strongly support the priority for connected, co-located, and integrated services. This work may take longer in some regions of NSW where there has been limited or even no capacity and capability to invest in collaborative practices in the past.

To enable effective integration, we recommend investment in the 'glue' that enables integrated service delivery—this includes:

- Dedicated resourcing for coordination functions and backbone support.
- Infrastructure and technology that facilitates information sharing and joint case management.

- Time and resources for building relationships between service providers.
- Professional development in collaborative practice and integration approaches.

4. Coordinating Reform Across Government

The success of this reform depends on effective coordination across multiple levels of government and policy initiatives. We recommend DSS develop and publish a clear roadmap for reform that coordinates the reforms in this space with other Commonwealth departments and the states and territories. This roadmap should:

- Identify interdependencies with other family and child wellbeing reforms and initiatives.
- Clarify roles and responsibilities across jurisdictions and ensure no duplication of service delivery.
- Establish mechanisms for ongoing coordination and alignment including increased engagement in co-design with peak bodies and service providers.
- Set clear timelines and milestones for integrated implementation.

5. Prioritising ACCO Funding

We are strongly supportive of prioritising funding to ACCOs in communities with significant First Nations populations, consistent with Priority Reform 2 of Closing the Gap. As ACCOs take on additional service delivery responsibility transferred from other organisations, a detailed transitional process is essential, including:

- Additional resourcing to establish new arrangements.
- Capacity-building supports and professional development.
- Adequate timeframes for smooth service transitions.
- Ongoing partnership and wraparound support during transition periods.

6. Single Grant Agreements Across Multiple Streams

We support successful applicants receiving only one grant agreement even when funded across multiple streams. To realise the full benefits of this streamlining:

- All relevant operational costs must be built into grant agreements for providers.

- Genuine flexibility must be embedded, giving organisations greater scope in how they use funding (including surpluses) each financial year to respond to emerging community needs.
- At least six months' notice of any renewal or cessation of funding should be provided.

7. Assessing Community Need

We support grants being assessed on community need determined through diverse data sources including PLIDA, SEIFA, AEDC, Census data, and child protection engagement rates. To strengthen this approach:

- Areas of concentrated disadvantage often experience multiple barriers to access of services. Any assessment for these areas needs to also take into account the accessibility to the broader service system, transport, and availability of health care.
- Government should assume responsibility for providing detailed, intersectional community-level data to service providers and advocacy and peak bodies, including the COSS Network.
- Comprehensive service needs analysis and mapping should be conducted in partnership with the sector and state governments.
- Data should include accurate classification and collection for priority cohorts, including CALD communities and families with disability.

8. Streamlined Reporting and Outcomes Framework

We support the streamlining of reporting requirements. Grant agreements should specify outputs, person-centric outcomes and activities rather than inputs, as this better reflects service impact.

We strongly support collecting qualitative data through DEX and other means to show the real impact of services. It will be important to utilise the sector's expertise and deep community connections in measuring impact over time. We recommend working with service providers, peak bodies and communities to iterate outcomes reporting over time, ensuring reporting frameworks evolve based on what proves most meaningful and useful for continuous improvement.

Outcome measures should encompass:

- Connection to community.
- Distinct outcomes for children and families.
- Broader indicators including workforce and system effectiveness.

We welcome the department's commitment to data linkages via DEX and request that government make aggregated and de-identified data available to the sector to inform innovation, continuous service improvement and policy development.

9. Relational Contracting

We are supportive of the relational contracting¹ trial as an exciting opportunity for alternative commissioning approaches that can fundamentally reshape how government and community sector work together. To realise its full potential and embed relational contracting for the long term, this initiative must be fully co-developed with the sector including oversight in design and implementation.

An effective trial will require:

- Upfront investment from DSS in building the capability and mindsets for relational contracting over time, including professional development and cultural change for both government and sector.
- A strategic approach to designing the trial that ensures suitable programs and cohorts are identified, rather than purely relying on expressions of interest.
- Establishment of a steering or reference group to provide oversight and guidance of the trial.
- Utilisation of the ongoing work of the Community Services Advisory Group (CSAG) as an additional mechanism for advice and sector input.

10. Community-Led Decision-Making

Central to successful relational contracting is sharing decision-making power with children and families and supporting communities in this shared decision-making. We recommend that relational contracts explicitly include mechanisms for:

- Meaningful participation of children, young people, and families with lived experience in service design and governance.
- Community-led priority setting and resource allocation decisions.
- Co-design processes that genuinely share power rather than simply consulting.
- Supporting communities to build capacity for effective participation in shared decision-making.

This approach recognises that those closest to the issues are best positioned to understand community needs and develop responsive solutions.

¹ NCOSS aligns with ACOSS's position on the central elements of relational contracting.