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POWERING **kids helpline**

Discussion paper: A new approach to programs for families and children

A submission to the Department of Social Services

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yourtown appreciates the opportunity to respond to the Department of Social Services' (the department) discussion paper, "A new approach to programs for families and children". For more than six decades, **yourtown** has worked alongside communities to support children, young people and families across Australia. Our focus is on strengthening wellbeing, fostering resilience, and promoting positive family relationships through evidence-informed responsive services delivered face to face and virtually. This approach ensures that families and children can engage with support in ways that reflect their unique circumstances and needs, whether in-person within their communities or through flexible virtual platforms.

yourtown's comprehensive approach reflects the department's vision for integrated, flexible, and locally responsive services that are accessible across a range of platforms. Through our role in delivering early intervention and prevention programs, we have developed a deep understanding of the challenges faced by families and the importance of integrated service networks. Our experience spans a broad suite of initiatives that support families and children across Australia, including:

- CARE Plus (Port Pirie, SA) – Providing targeted family support for ten years to enhance children's development and wellbeing.
- Starfish – Delivering early intervention services for ten years to support young people's emotional health and wellbeing in the Moreton Bay and Logan regions.
- Facilitating Partner for Deception Bay Communities for Children – Coordinating a whole-of-community approach for 20 years to strengthen early childhood outcomes.
- Penrose Young Parents Program (Port Pirie, SA) and Glugor Young Parents Program (Deception Bay, Qld) – Providing practical parenting support to promote child development, life skills, and health and wellbeing activities in safe, supportive environments.
- Family and Domestic Violence Refuge – Offering safe, supported accommodation for women and children, staffed by a specialised, trauma-informed team.
- Transitional Housing Program – Providing a critical bridge to long-term independent living, offering safety and stability for up to 12 months with wrap-around support tailored to family goals.
- San Miguel Service – Providing accommodation and intensive individualised support to vulnerable and at-risk young parents and their children for over 40 years.
- Parentline – Offering free, confidential phone and webchat counselling for parents and carers in Queensland and the Northern Territory, including after-hours and weekends when families often feel isolated.
- Kids Helpline – Providing Australia's only free, confidential 24/7 phone and online counselling service for children and young people aged 5–25, ensuring support is available anytime, anywhere.

This submission draws on our practical insights and collaborative experience to inform key questions in the discussion paper, with the aim of shaping policies that deliver meaningful outcomes for children, young people and families.

The main themes from our submission include:

- Vision and outcomes – The current vision and outcomes are too broad and need to be more specific, adequately resourced, and recognise the role of communities alongside parents in raising children.
- Integrated program design – The proposed streams are overly simplistic and require multidisciplinary hubs, service navigation and referral support from dedicated roles and coordination mechanisms to prevent siloed service delivery.
- Flexibility and funding stability – Longer funding cycles, simplified reporting processes, and investment in workforce capability are essential to ensure service continuity and responsiveness.

- Addressing the 'missing middle' – There must be targeted investment for children and young people with moderate needs i.e., they experience persistent and significant challenges that are too complex for early intervention services yet do not meet the criteria for acute or crisis care, who fall between early intervention and acute care services.
- Community voice and co-design – Programs should embed genuine co-design, participatory governance where communities are actively involved in decision-making and oversight, and lived experience to ensure services are relevant and reduce tokenistic engagement.
- Cultural safety and choice – Outcomes for Aboriginal and Torres Strait Islander families should be improved through culturally safe practices, digital engagement options, and less intrusive reporting requirements.
- Holistic service delivery – Early intervention should be expanded beyond the 0–5 age group and include flexible models such as expressive therapies and digital counselling options.
- Measuring impact – Reporting should move beyond outputs and incorporate qualitative data, longitudinal case studies, and templates that combine narrative with measurable outcome indicators.
- Connected services – Integration should focus on collaborative practices such as shared referral pathways, warm handovers, and joint case coordination rather than relying solely on co-location.
- Relational contracting – Relational contracting should support trust-based partnerships with shared goals, flexibility, and outcome-focused criteria, and prioritise organisations with proven collaboration and innovation.

Vision and outcomes

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

The new vision is aspirational but lacks specificity. While empowering parents and supporting children to become healthy, resilient adults are important goals, these outcomes cannot be achieved without acknowledging the resources and supports required. Parents and caregivers cannot be empowered unless they are adequately equipped with practical tools, financial stability, and access to integrated services. Similarly, resilience for children is not simply an outcome of care. It requires intentional investment in life skills, belonging, connection, and opportunities for agency.

Recommendation: Refine the vision to explicitly recognise that empowerment and resilience depend on adequate resourcing, integrated supports, and community involvement alongside parental responsibility.

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

The proposed outcomes are too broad and vague to drive meaningful change. Outcome 1 places responsibility solely on parents and caregivers, overlooking the critical role of communities in raising children. A more inclusive approach should acknowledge that families thrive when supported by strong community networks and services across key developmental stages and transition points, from pre-conception through to young adulthood.

Outcome 2 should move beyond the term "resilient" and articulate what resilience looks like in practice. Children and young people need practical life skills, a sense of belonging,

positive physical and psychosocial wellbeing, and the ability to self-advocate. These elements are essential for navigating transitions and achieving long-term wellbeing.

Recommendation: Revise Outcome 1 to state: “Parents, caregivers, families and their communities inclusively and collaboratively support and nurture all children and young people across key developmental stages and transitions from pre-conception to 25 years.”

Recommendation: Revise Outcome 2 to state: “All children and young people are supported to develop practical life skills, a sense of belonging and meaning, strong connections, positive physical and psychosocial wellbeing, and agency appropriate to their individual capacity and circumstances.”

Program structure

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

A single national program has the potential to provide greater flexibility for **yourtown**, but only if flexibility is defined by the ability to meet the complex and evolving needs of children, young people and families. Reducing administrative burden through one grant agreement is helpful, but it should not be the primary driver for reform. True flexibility means enabling services to be tailored to local contexts, adapted to emerging needs and integrated seamlessly across the continuum of care. Flexibility should enable innovation, including virtual and hybrid service delivery, so families can access help regardless of location or circumstance.

The proposed streams take a narrow view of how services operate and do not account for the mechanisms required to connect them. Families rarely present with single issues; their needs intersect across mental health, parenting, housing, and safety. Without investment in coordination and multidisciplinary approaches, the risk of siloed delivery remains. This underscores the need for integrated models that include specialist and allied health support alongside program delivery.

A single national program will only deliver genuine flexibility if it funds the integration needed to connect streams. This includes resourcing coordination mechanisms, shared referral pathways, and specialist supports such as allied health and therapeutic interventions. Without this investment, flexibility risks being reduced to administrative convenience rather than meeting the needs of those we seek to support.

Recommendation: A single national program will only deliver true flexibility if it funds the integration needed to connect services between and within streams, and the need for in person and virtual supports. This means resourcing coordination (that enable seamless referral pathways, information sharing, and collaborative planning across streams), specialist supports so services can work together and adapt to local and emerging needs and the digital infrastructure to support those have a preference for digital support services or cannot access physical services.

Does the service or activity you deliver fit within one of the three funding streams? Do these streams reflect what children and families in your community need now – and what they might need in the future?

The three proposed streams do not fully reflect the needs of children and families. Families rarely present with issues that fit neatly into one stream. For example, a family requiring early intervention for a child may also need intensive support for complex trauma or neurodiversity. Current delays in diagnosis and the high cost of allied health services create barriers to timely support and can exacerbate the situation for children and families, ultimately requiring crisis

support, rather than community or early intervention. Limiting services to narrow streams risks fragmentation, delays and duplication, rather than delivering holistic care. Your Voice is **yourtown's** national, youth-led consultation and codesign initiative that gathers the lived experiences and priorities of young people to inform evidence-based service design and policy recommendations for earlier, more accessible, and integrated supports. Participants in Your Voice reported significant delays in assessment and diagnosis relating to allied health, which often resulted in long waiting times and high costs for essential services.¹

"My personal journey trying to get an autism diagnosis has been horrible to say the least. We went to a place that didn't send a referral through. The closest place that can do an assessment that works for my family's and my own circumstance is over an hour away, and will cost approximately \$3,000. If we weren't willing to pay, the average waiting time for an assessment would be 5 years. And yet, we need a diagnosis for SCSA (School Curriculum and Standards Authority) in Year 11." Your Voice participant, 12-17 years

Recommendation: Expand the streams to allow multidisciplinary service models that cover prevention, early intervention, and crisis support within a single integrated framework. Fund allied health and therapeutic interventions as part of these models to ensure families can access specialist support without prohibitive costs.

The proposed streams do not fully reflect what families need now or what they will need in the future. Families rarely present with single issues. Their needs intersect across mental health, parenting, housing, safety, and other issues requiring integrated and multidisciplinary responses rather than siloed service. The new approach to programs for families and children should prioritise hubs or one-stop models where families can access wraparound supports in one place. This approach reduces barriers to information sharing, improves continuity of care and ensures families receive holistic support before issues escalate. Evidence from service delivery shows that early intervention combined with therapeutic and practical supports significantly improves outcomes and reduces reliance on crisis services.

Insights from young parents who participated in **yourtown's** co-design of parenting programs reinforce this need. The blueprint they helped shape explicitly calls for comprehensive support for the whole family, reducing isolation, and improving continuity of care through multidisciplinary teams and partnerships. This model ensures families receive integrated, connected services rather than fragmented supports.

Equally important is meeting families and young people where they are, including through virtual and digital platforms. **yourtown's** Parentline and Kids Helpline demonstrate the critical role of accessible supports for parents, carers, children and young people that are available outside of standard business hours. These services provide immediate, confidential assistance when local services are unavailable or families feel isolated, ensuring help is available anytime, anywhere. This model of care must be embedded into the new approach to programs for families and children to reflect the reality that families need flexible, on-demand support alongside in-person services.

¹ **yourtown**. (2025). Your Voice Report 2025: National youth-led consultation findings. **yourtown**.

Finally, language plays a critical role; for instance, terms such as 'advice' may convey a sense of disempowerment and should be replaced with terminology that promotes partnership and empowerment.

Recommendation: Design the program to fund multidisciplinary hubs that provide wraparound supports, including early intervention, therapeutic services, and crisis response, while embedding virtual platforms and services available outside standard business hours, such as Parentline and Kids Helpline.

Recommendation: Ensure program language promotes empowerment and collaboration rather than passive advice.

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

Current funding models lack flexibility to respond to emerging needs and do not adequately support the development of a skilled, multidisciplinary workforce. Investment in training, supervision, and recruitment strategies is insufficient, leaving staff ill-equipped to work across complex domains such as mental health, parenting, housing, and safety. These gaps also affect the ability to support children and young people across different age groups. Without dedicated resources to build and sustain workforce capability, services struggle to deliver integrated care and adapt to the diverse needs of families. To address this, the new approach to programs for families and children must include targeted funding for workforce development, covering:

- Specialist training in multidisciplinary practice and age-specific expertise for working with infants, children and adolescents.
- Ongoing professional development and supervision to maintain quality and consistency.
- Recruitment and retention strategies that attract practitioners with diverse skill sets.
- Investment in collaborative practice models, including communities of practice and shared learning platforms, to strengthen integration across services.

Reporting requirements remain onerous, and short-term funding cycles undermine service continuity and stability. Current reporting frameworks are highly prescriptive and time-intensive, diverting resources away from direct service delivery. They often prioritise compliance over meaningful outcomes, creating administrative burden without adding value for families. In addition, short-term funding cycles limit the ability to plan strategically, invest in workforce development and maintain consistent relationships with families. This instability can lead to service fragmentation, staff turnover, and reduced trust within communities. Longer-term funding agreements and streamlined, outcomes-focused reporting would enable providers to focus on delivering integrated, high-quality support rather than meeting excessive administrative demands.

To address these challenges, funding agreements should be extended to a minimum of five years to promote stability and workforce retention. Reporting and compliance processes should be simplified, with a focus on outcomes rather than outputs. Investment in workforce development is essential to enable integrated practice across age groups and service types. Program governance should embed co-design with children, young people and families to ensure services remain relevant and responsive.

In addition, grants should reflect the true cost of delivery, including:

- Cybersecurity and digital platform costs.
- An explicit administration allocation (e.g., 20%) for data capture, compliance and reporting, safeguarding and accreditation.

- Funding for evaluation, longitudinal measurement and co-design activities.
- Time and staffing required to build trust and relationships with lived experience networks and communities.
- Investment for the development of hubs and/or support for services to co-locate

Recommendation: Implement a funding framework that delivers longer-term, flexible funding agreements with streamlined, outcomes-focused reporting and dedicated investment in workforce development to enable integrated, high-quality services.

Prioritising investment

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

yourtown agrees that the four priorities identified by the department are essential to improving outcomes for children and families. Early investment to strengthen family wellbeing and break cycles of disadvantage is critical to reducing reliance on later interventions such as child protection. Evidence from **yourtown**'s CARE Plus and Starfish programs demonstrates that early intervention improves developmental outcomes and family functioning, reducing escalation into crisis services.

In addition to face-to-face supports, virtual services such as Parentline play a vital role in providing accessible, confidential guidance to parents and carers, particularly for those in rural and remote areas or facing barriers to in-person engagement. Digital platforms enable timely support, reduce isolation, and complement community-based services by offering flexible options for families who need immediate assistance or ongoing support.

Recommendation: Invest in both face-to-face and virtual service models, such as Parentline, to ensure early intervention and accessible, flexible support for families (particularly those in rural or remote areas) while strengthening family wellbeing and reducing reliance on crisis services.

Prioritising integrated services is also important; however, co-location should not be the sole measure of integration. In many regional and urban areas, infrastructure constraints make co-location impractical. What matters most is strong service connection and collaboration, supported by shared referral pathways, joint planning and digital solutions. Virtual services such as Parentline are a key part of this approach, enabling families to access support regardless of location and strengthening integration through technology-enabled connections.

Recommendation: Prioritise connection over co-location by supporting integrated service delivery demonstrated through shared referral pathways, joint planning, and digital solutions rather than relying solely on physical co-location.

Ensuring services respond to community needs is fundamental. **yourtown**'s experience as a Facilitating Partner for Communities for Children shows that local governance and community voice lead to more effective, culturally relevant solutions. This includes embedding co-design with children, young people and families in governance structures, creating paid roles for lived-experience designers, and using human-centred evaluation frameworks. Organisations should also provide evidence of local governance, consultation processes, and how feedback informs service design. Finally, improving outcomes for First

Nations children through investment in Aboriginal and Torres Strait Islander community-controlled organisations aligns with Closing the Gap priorities and reflects evidence that culturally safe services deliver better engagement and outcomes.

Recommendation: Strengthen community voice and governance by ensuring program design and funding decisions are informed by local communities, including young people and families.

Recommendation: Increase investment in Aboriginal and Torres Strait Islander community-controlled organisations by providing sustainable funding and capacity-building to deliver culturally safe services in areas with high First Nations populations.

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

While these priorities are necessary, they are not sufficient. The current model risks leaving behind the 'missing middle', which refers to children and young people whose needs exceed early intervention but do not meet thresholds for acute or specialist services. This cohort often experiences moderate mental health challenges, family stress or developmental concerns that fall between service streams. Without targeted investment, they will continue to cycle through emergency departments or disengage from support altogether. To address waitlists and minimise risk during service delays, virtual supports such as Parentline and other digital platforms should be utilised to provide interim assistance, maintain engagement, and ensure continuity of care until face-to-face services are available. This approach enables proactive demand management and mitigates the adverse impacts of extended waiting periods.

Recommendation: Prioritise investing in targeted services for the 'missing middle' by developing flexible, multidisciplinary models that provide therapeutic, practical and family-focused supports, ensuring timely and integrated care for children and young people whose needs fall between early intervention and specialist thresholds.

Recommendation: Implement virtual support options, such as Parentline and Kids Helpline, and other digital platforms, to manage waitlists and maintain engagement during service delays, thereby reducing risk, supporting demand management, and ensuring continuity of care until face-to-face services are available.

Integration must also extend beyond physical proximity to include digital and community-based solutions. Evidence shows that internet-delivered cognitive behavioural therapy and other digital interventions can be as effective as face-to-face treatment, particularly when supported by a practitioner.²³ Digital mental health resources improve accessibility for rural and remote communities, where service gaps are greatest, and provide a safe, flexible option for families who face barriers to in-person care.⁴

Families benefit significantly from digital solutions. Online parenting programs have been shown to reduce child behavioural and emotional problems, improve parenting confidence,

² Andersson, G., & Titov, N. (2014). Advantages and limitations of Internet-based interventions for common mental disorders. *World Psychiatry*, 13(1), 4–11.

³ Carlbring, P., Andersson, G., Cuijpers, P., Riper, H., & Hedman-Lagerlöf, E. (2018). Internet-based vs. face-to-face cognitive behavior therapy for psychiatric and somatic disorders: An updated systematic review and meta-analysis. *Cognitive Behaviour Therapy*, 47(1), 1–18.

⁴ Australian Institute of Health and Welfare. (2023). *Digital mental health resources for First Nations people* (Cat. no. IMH 20). Canberra: AIHW. <https://doi.org/10.25816/fq8r-c598>

and decrease parental stress.⁵⁶ Telehealth and digital platforms also remove geographic and logistical barriers, enabling timely support and early intervention, which mitigates escalation into crisis services.⁷ Additionally, families report that digital services offer convenience, flexibility, and privacy, reducing stigma and improving engagement.⁸ These solutions include online platforms, peer-led initiatives, and outreach models that meet families in their own environments, ensuring timely support, reducing isolation, and strengthening family wellbeing.

Recommendation: Expand integration beyond physical co-location by investing in digital and community-based solutions that provide accessible, affordable and safe mental health and wellbeing supports. This should include online platforms, peer-led initiatives and outreach models that meet families in their own environments.

In addition, investment should prioritise workforce capability, particularly cultural competence, trauma-informed practice and skills to deliver flexible, family-centred care. Strengthening the Aboriginal Community-Controlled sector must be accompanied by genuine partnerships and capacity-building to ensure sustainability and equity.

Recommendation: Provide dedicated funding to support ongoing professional development for the workforce, including training in cultural competence, trauma-informed practice, and flexible, family-centred service delivery. This investment should enable organisations to build capability and sustain high-quality responsive care.

Domestic and family violence (DFV) remains a critical issue that the department must prioritise. Our staff and programs regularly support families experiencing DFV through integrated case management, counselling, and practical assistance aimed at safety and recovery. Importantly, children affected by DFV must be supported in their own right and not merely viewed as passive witnesses because exposure to violence has profound impacts on their wellbeing, development and future outcomes. Young people participating in the Your Voice project consistently identify DFV as a top concern and call for stronger government action to address its impacts.**Error! Bookmark not defined.** The report highlights that DFV is not only a safety issue but also a barrier to education, mental health and social participation for children and young people. Participants emphasise the need for accessible, trauma-informed services that provide both immediate crisis support and long-term recovery pathways for families and children.

A key component of recovery and safety is secure housing. Without stable accommodation, families escaping violence face heightened risk of harm, homelessness, and ongoing instability. Safe housing options for both children and families are essential to enable recovery and prevent re-entry into unsafe environments. The proposed model must work in partnership with social housing providers and include dedicated funding for crisis accommodation and transitional housing, ensuring culturally safe and child-focused solutions.

⁵ Canário, A. C., Pinto, R., Silva-Martins, M., Rienks, K., & Leijten, P. (2024). Online parenting programs for children's behavioral and emotional problems: A network meta-analysis. *Prevention Science*, 26(5), 592–609.

⁶ Spencer, C. M., Topham, G. L., & King, E. L. (2020). Do online parenting programs create change?: A meta-analysis. *Journal of Family Psychology*, 34(3), 364–374.

⁷ Witek, A. E. (2025). Leveraging technology to enhance mental health services for children and families. *Behavioral Health News*. Retrieved from <https://behavioralhealthnews.org/leveraging-technology-to-enhance-mental-health-services-for-children-and-families/>

⁸ Fanou, M., Machlin, A., Mangelsdorf, S. N., Morgan, A., & Bassilios, B. (2024). Australian digital mental health services: Consumer perceptions of usability and acceptability. *Journal of Technology in Behavioral Science*, 10(4), 320–335.

Recommendation: Embed DFV recognition, prevention and response within all funded programs, ensuring dedicated resources for early intervention, culturally safe practice and wraparound supports for children and young people affected by violence. This must include investment in safe and stable housing options, delivered in collaboration with social housing providers, to support immediate safety and long-term recovery.

Improving family wellbeing

Do the proposed focus areas match the needs or priorities of your service?

yourtown supports the intent of the proposed focus areas; however, they do not fully reflect the complexity of needs observed in our services. While early investment is critical, the current framing assumes that families presenting with children aged 0–5 years are at an early stage of need. In practice, many families experience entrenched issues such as domestic and family violence, substance misuse, and complex trauma, even when their children are very young. These circumstances require more than basic prevention strategies. They require flexible models that allow services to address secondary and tertiary issues alongside early intervention for children.

Recommendation: Recognise and provide resources for the complexity of family issues, enabling services to address secondary and tertiary family needs in addition to child-focused interventions.

Restricting early intervention to the 0–5 age group risks leaving significant gaps. Children and young people often begin to show early signs of mental health challenges beyond this age, particularly during primary school years. Limiting eligibility to 0–5 years would exclude cohorts who are at risk of escalating problems but do not meet thresholds for acute care. This is especially concerning for neurodiverse children, who are often diagnosed later, and for families experiencing cumulative disadvantage. **yourtown**'s experience through Starfish and CARE Plus programs demonstrates that intervention must occur at the point of emerging need, not solely at a developmental stage.

Recommendation: Expand the definition of early intervention beyond the 0–5 age group to include children up to 18 years and young people showing early signs of risk.

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

The new approach should recognise key transition points throughout childhood and adolescence as critical opportunities for support. It should also allow services to broaden delivery methods beyond traditional counselling. Family Mental Health Support Services (FMHSS) currently leans toward one-on-one, face-to-face counselling, which can be restrictive. Incorporating expressive therapies such as play, art, and music, and enabling digital counselling options, would improve accessibility, appropriateness, and engagement for children and families.

Recommendation: Support flexible service delivery models, including expressive therapies and digital counselling options, to meet diverse client needs.

Finally, definitions of prevention and early intervention must be shaped by community needs and service realities. A rigid model risks duplication, creating barriers to access, and

minimising emerging issues. Flexibility is essential to ensure services can respond to complex family dynamics and provide holistic support that addresses both child wellbeing and broader family challenges.

Recommendation: Ensure program design reflects community voice and avoids rigid eligibility criteria that create gaps or duplication.

Connected, co-located, and integrated services

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

Co-location alone does not guarantee integration and can still result in siloed service delivery. Investment in brokerage and case coordination is essential to enable integrated service delivery and ensure families receive the right support at the right time. The most effective approaches focus on relationships and ways of working, alongside service accessibility rather than solely being co-located. Models like **yourtown**'s Communities for Children demonstrate that structured interagency meetings, case coordination conferences, and community alliances create genuine collaboration and improve outcomes for families. **yourtown's** Starfish and CARE Plus programs also utilise these practices as well as manage referral pathways and facilitate case conferences to ensure families receive holistic support without having to tell their story multiple times. Dedicated roles such as Service Navigators or coordination leads can play a critical role in building strong partnerships in the new approach to programs for families and children. Young people in the Your Voice project identified the need for 'specialist youth guides' or navigators to help them access and move between services without having to repeat their stories. **Error! Bookmark not defined.** Integrated service models should prioritise warm handovers, continuity of care, and system navigation support to reduce the exhaustion and frustration young people experience when seeking help.

"Families need more help navigating services, especially when dealing with disability and mental health. It feels like you are on your own." Your Voice participant, 18-25 years

Recommendation: Prioritise and resource collaborative practices such as interagency meetings, shared referral pathways, warm referrals, joint case coordination, and system navigation to demonstrate genuine integration and connected service delivery.

What would you highlight in a grant application to demonstrate a service is connected to the community it serves? What should applicants be assessed on?

Services that are genuinely connected to their communities demonstrate deep engagement and responsiveness to local needs. This connection is reflected not just in the delivery of programs, but in active participation within community networks, involvement in governance structures, and meaningful consultation processes that influence service design and delivery. Applicants should clearly describe how they collaborate with local stakeholders, such as schools, health providers, and community organisations, to ensure that services are integrated and reflect the lived experiences of families.

Flexibility in service delivery is another important indicator of community connection. Services should demonstrate how they adapt to the circumstances of families by offering a range of service hours, utilising preferred communication channels, and providing both face-to-face and digital options. It is essential that families feel services are approachable and trustworthy, offering safe spaces where they can engage at their own pace, access self-help resources, and build confidence before moving on to more formal support. Programs that are informed by community voice and incorporate culturally safe practices tend to be more effective and sustainable.

Evidence of strong community connection can be shown through participation in interagency meetings, involvement in joint planning initiatives, and the use of mechanisms for continuous feedback from families. Demonstrating robust referral pathways and warm handovers between services further signals a commitment to holistic, family-centred care.

Recommendation: Require applicants to demonstrate genuine community engagement through governance structures, consultation processes, and evidence of flexible, family-centred service models. Applicants should provide examples of collaborative partnerships, integrated referral systems, and strategies for cultural safety and accessibility.

Applicants should be assessed on their demonstrated ability to implement integrated service models that deliver accessible and culturally safe supports. This means showing evidence of formal collaboration agreements, shared referral protocols, and joint case coordination processes that ensure families experience seamless, holistic care. These integrated approaches must be underpinned by genuine community engagement through governance structures and consultation, ensuring services respond to local needs and priorities. Applicants should also demonstrate flexibility in service delivery, including digital platforms, outreach options, and innovative methods such as expressive therapies, to meet diverse family needs. Embedding culturally safe practices across all aspects of service design and delivery is essential to achieving equitable outcomes.

Recommendation: Assess applicants on their demonstrated ability to implement integrated service models that include formal collaboration agreements, shared referral protocols, and joint case coordination processes. These should be underpinned by evidence of community engagement through governance structures and consultation, incorporate flexible delivery options such as digital platforms and outreach, and embed culturally safe practices.

Responding to community need

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

Locational disadvantage is an important measure, but it does not capture the full complexity of community need. Factors such as cultural diversity, prevalence of domestic and family violence, mental health challenges, and intergenerational trauma significantly influence service demand and the intensity of support required. Funding models that rely solely on geographic indicators risk under-resourcing communities with high social complexity despite not being classified as disadvantaged by SEIFA.

High demand and long waitlists for essential services are clear indicators of unmet need. In many regions, families face delays of weeks or months for mental health, family support, and early intervention programs. These wait times exacerbate risk factors and can lead to crisis

situations. Valuable insights into where need is greatest lie within virtual service provider data, which includes real-time trend patterns. Leveraging these dynamic datasets, rather than relying solely on static locational information, enables funding models to respond to actual service pressure and emerging needs. This approach supports proactive planning and ensures resources are allocated equitably. To achieve this, government should partner with virtual service providers to access aggregated and anonymised demand data, allowing funding decisions to be informed by live service trends rather than historical indicators.

The department should also recognise the importance of human-centred approaches that embed lived experience in service design and delivery. Communities are often over-consulted without seeing meaningful change. Funding should prioritise programs that demonstrate genuine co-design, participatory governance, and mechanisms that ensure community input shapes outcomes rather than being tokenistic. This includes investment in capacity-building and paid roles for lived-experience designers to strengthen accountability and responsiveness.

The 'missing middle' must also be addressed. These are children, young people and families whose needs are too complex for early intervention but do not meet thresholds for acute or tertiary services. They often fall through service gaps, resulting in worsening mental health and higher risk of crisis. Integrated, community-based models and flexible funding are essential to provide timely, appropriate support for this cohort, reducing pressure on emergency departments and specialist services.

Recommendation: Allocate funding based on indicators of social complexity, cultural diversity, and prevalence of risk factors, as well as trend data that reflects emerging patterns of demand, not solely geographic disadvantage.

Recommendation: Prioritise programs that demonstrate human-centred design, co-design, and governance structures that embed lived experience.

Recommendation: Invest in integrated models that bridge the gap for the 'missing middle', ensuring timely access to appropriate care and reducing escalation to crisis.

Recommendation: Partner with virtual service providers to incorporate real-time demand data into funding decisions, enabling responsive and equitable resource allocation.

What's the best way for organisations to show in grant applications, that their service is genuinely meeting the needs of the community?

Organisations should provide clear evidence of community engagement and responsiveness. This includes describing governance structures that involve local leaders and people with lived experience, outlining consultation processes, and demonstrating how feedback has informed service design. Applicants should show how their programs integrate research evidence, practitioner expertise, the lived experience of service users, and community input to deliver evidence-informed interventions that are adaptable to local needs.

Flexibility in service delivery is another critical indicator. Services should demonstrate how they meet families where they are, for example, through varied service hours, preferred communication channels, and options for face-to-face and digital support. Programs that incorporate culturally safe practices and innovative methods such as expressive therapies signal a commitment to accessibility and relevance.

Recommendation: Require applicants to demonstrate genuine community engagement through governance structures, consultation processes, and service models that combine research evidence, practitioner expertise, and lived experience. Applicants should also show how their services meet people where they are, including flexible face-to-face service hours, digital and hybrid delivery options, and culturally safe practices. Mechanisms for continuous feedback and adaptability should be highlighted to ensure services remain responsive and effective.

Improving outcomes for Aboriginal and Torres Strait Islander children and families

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

Improving outcomes for Aboriginal and Torres Strait Islander children and families requires more than prioritising Aboriginal Community Controlled (ACCO) led service delivery. While community-controlled organisations play a vital role, program design must also recognise the importance of choice, cultural safety, and trust. Families should not be compelled to access only ACCO-led services, as this may unintentionally limit access to mainstream services that have established relationships and deliver culturally responsive support. A balanced approach is needed to ensure self-determination while maintaining service accessibility.

Recommendation: Embed cultural safety and choice in program design by requiring services to demonstrate cultural awareness, trauma-informed practice, and strategies for engaging Aboriginal and Torres Strait Islander families in ways they prefer, including digital options. Maintain identified First Nations positions and provide cultural competency training for all staff.

Program design should embed community-led principles that overcome barriers of distrust often experienced by Aboriginal and Torres Strait Islander families when engaging with government or universal services. Services must adopt strengths-based, trauma-informed, and culturally sensitive practices that respect kinship ties, community connections, and cultural identity. This includes maintaining identified positions for First Nations staff, implementing cultural competency training, and ensuring service environments are safe and welcoming.

Recommendation: Prioritise funding for services that combine cultural responsiveness with evidence-informed practice, integrating research, practitioner expertise, and lived experience to deliver outcomes that reflect community needs.

Digital technology should also be integrated into service models to provide confidential, accessible options for families who may feel vulnerable engaging face-to-face. Evidence from **yourtown**'s Kids Helpline demonstrates that Aboriginal and Torres Strait Islander children and young people trust digital platforms for support, with a significant increase in contacts about serious issues such as suicide occurring through digital channels. Similarly, Parentline engages Aboriginal and Torres Strait Islander families through phone and online counselling and maintains a strong community engagement focus. This includes regular connection with communities across Queensland and the Northern Territory, including remote First Nations communities, to build trust and improve outcomes. Notably, 5% of contacts to Parentline during 2024-25 are from Aboriginal and/or Torres Strait Islander parents or kinship carers,

which is more than the national proportion of 3.8% of the population, highlighting the accessibility of these approaches in engaging First Nations families. Digital engagement offers families the ability to test services, maintain privacy, and build trust before committing to ongoing support.

Recommendation: Ensure services incorporate digital engagement options to provide safe, confidential, and culturally appropriate pathways for Aboriginal and Torres Strait Islander families to access support.

Services face significant challenges in filling identified First Nations roles with qualified staff due to intense competition and limited ability to match salaries and benefits offered by other sectors. This workforce gap threatens the delivery of culturally responsive services and outcomes for Aboriginal and Torres Strait Islander communities. While Fringe Benefit Tax (FBT) concessions were introduced to improve competitiveness, they no longer offset the widening pay disparity. These concessions should be reviewed to strengthen sector competitiveness. Additionally, clear career pathways must be developed, starting in schools, to encourage Aboriginal and Torres Strait Islander students to build skills and pursue roles in this field. The expertise gaps are most pronounced in several critical areas. Clinical and therapeutic roles such as psychologists, counsellors and social workers require strong cultural competence to deliver effective support. There is also a shortage of child and family practitioners skilled in trauma-informed and family-centred practice. Community engagement and cultural liaison positions demand deep cultural knowledge and connection to ensure trust and accessibility. In addition, leadership and governance roles are essential to embed Aboriginal and Torres Strait Islander voices in decision-making and strengthen culturally responsive service delivery. Building capability in these areas is critical to delivering culturally safe and effective services.

Recommendation: Review FBT concessions to improve competitiveness and attract qualified staff.

Recommendation: Invest in workforce development pathways that begin in schools to grow a pipeline of skilled Aboriginal and Torres Strait Islander professionals.

Finally, accountability mechanisms such as DEX reporting must be adapted to be culturally appropriate. Current requirements are often perceived as intrusive and can deter families from engaging. Flexibility in timeframes for assessments and plans is essential to allow for relationship-building and trust development.

Recommendation: Adjust DEX requirements to ensure data collection is culturally appropriate and less intrusive and allow flexibility in timeframes for assessments to support trust-building.

Measuring outcomes

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

Current reporting requirements focus heavily on quantitative outputs, which do not capture the complexity or depth of impact for children and families. While numbers are important, they cannot reflect the relational and long-term changes that occur through family-centred interventions. To understand impact and drive continuous improvement, services need access to qualitative data that tells the story of change over time. Longitudinal case studies are particularly valuable because they show how interventions affect not only the child but

the household, school, and broader community. Ensuring these case studies can be sustained over time will help build a richer evidence base. In addition, integrating data from other sectors such as school attendance and completion rates from education, juvenile justice involvement, and health outcomes can provide a more holistic view of progress. Combining these larger datasets with service-level insights creates a networked approach that offers a complete picture of outcomes and systemic impact.

Recommendation: The department should enable cross-sector data sharing and integration to provide a holistic view of outcomes. This includes combining service-level data with education indicators such as school attendance and completion rates, juvenile justice involvement and health outcomes. Access to these larger datasets, alongside qualitative insights and longitudinal case studies, will allow organisations to demonstrate systemic impact and continuously improve services based on a complete picture of community needs.

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?

The most meaningful data combines measurable outcomes with lived experience and context. This includes case studies that demonstrate improvements in wellbeing, connection, and resilience, supported by evidence of engagement with families, schools, services, and communities. For Facilitating Partners (FP) of Communities for Children such as **yourtown**, it is critical that reporting frameworks capture and amplify the voices of communities and FPs in defining and measuring success. FP work is strongly grounded in relationships and trust, which take significant time and resources to build and maintain, particularly when programs commence or staff turnover occurs. These relational activities are essential to achieving outcomes but are often under-reported.

Data collection should also recognise that communities have varying needs, meaning activities and outcomes will differ across locations. While general measures may be easier to implement, they risk overlooking key activities that reflect local priorities. Regional profile data and longitudinal case studies would help contextualise outcomes and demonstrate systemic impact. Templates that allow providers to present both narrative and outcome data in a structured way would ensure consistency and clarity while respecting local variation.

For example, CARE Plus in Port Pirie provides early intervention and family support to improve child development and wellbeing. Its impact is best shown through longitudinal stories of families who have strengthened parenting capacity and reduced reliance on crisis services. Similarly, Starfish, operating in Moreton Bay and Logan, supports young people up to 18 years and their families to improve emotional health and wellbeing. Quantitative data alone cannot capture the depth of change achieved through therapeutic engagement, trust-building, and connection to community supports. Case studies that illustrate these journeys, such as improved school attendance, reduced anxiety, and stronger family relationships, are essential to demonstrate real impact.

Recommendation: Develop reporting templates that integrate narrative case studies with outcome indicators and include mechanisms for programs and communities to define success measures.

Recommendation: Ensure frameworks capture relational work and allow flexibility to reflect diverse community needs, including the holistic impact of programs.

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

For **yourtown**, all SCORE Circumstances domains are relevant because they collectively build a picture of the child's situation and the family context. Limiting reporting to a single domain risks oversimplifying complex needs. A holistic approach that captures multiple domains will better reflect the breadth of support provided and the interconnected nature of outcomes.

Recommendation: Maintain flexibility in DEX reporting to allow providers to select multiple relevant domains and provide narrative context where appropriate.

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

Templates should be simple, structured, and designed to capture both the story and the measurable outcomes. Guidance should encourage providers to include details of the child's journey, family circumstances, and community engagement, as well as longitudinal changes. This approach ensures case studies demonstrate systemic impact rather than isolated interventions.

Recommendation: Provide clear, standardised templates for case studies that include sections for narrative, outcome data, and contextual factors, with guidance on how to present longitudinal impact.

Working together

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

A relational contracting approach represents a positive shift towards collaboration and flexibility. In practice, it means moving away from rigid, compliance-driven arrangements to partnerships built on trust, shared goals, and a commitment to long-term outcomes. For **yourtown**, this approach would allow services to respond quickly to emerging community needs, innovate without excessive administrative burden, and focus on what matters most, that is, improving outcomes for children and families rather than meeting prescriptive output targets.

Recommendation: Design relational contracts to prioritise shared objectives, flexibility to adapt to changing needs, and mechanisms that encourage innovation while maintaining accountability.

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

The department should prioritise organisations with a demonstrated ability to understand community needs and translate that knowledge into sustainable, innovative services. This includes a proven track record in human-centred design, co-design with service users, and delivering integrated, community-led models that achieve measurable outcomes.

Assessment should also consider governance capability, cultural safety, strong partnerships, and responsiveness to local contexts, as these factors underpin success in a relational contracting model.

Recommendation: Use a transparent assessment process that evaluates an organisation's capacity for collaboration, innovation, and human-centred design, alongside evidence of community engagement and performance outcomes, rather than relying solely on compliance metrics.

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

yourtown strongly supports a relational contracting approach because it aligns with our values and practice. Our programs are built on collaboration, flexibility, and responsiveness to community needs. Families often experience complex and interconnected issues that require more than one service response. Through a relational contract approach, we can demonstrate the impact of our broader suite of programs (including Parentline, Kids Helpline, employment services, and mental health supports) to provide holistic assistance. This approach enables us to link families to counselling, parenting advice, crisis support, and pathways to education and employment, ensuring they receive integrated help without navigating multiple systems alone. A relational model would enable us to strengthen these approaches, reduce administrative burden, and focus on delivering sustainable outcomes for children and families.

Crucially, relational contracting empowers organisations to be agile and innovative in responding to the evolving needs of the communities they serve. By moving away from rigid, compliance-heavy frameworks and excessive government red tape, providers can adapt service models, trial new approaches, and implement solutions more quickly as challenges emerge. This flexibility is essential in a rapidly changing environment, where the needs of children and families can shift due to factors such as economic pressures, natural disasters, or emerging social issues.

Relational contracting fosters a culture of trust and partnership between providers and government, allowing for open communication, shared problem-solving, and continuous improvement. It enables organisations to focus resources on what works, rather than on navigating complex reporting requirements or seeking approval for every minor change. In addition, ongoing feedback loops between providers and government are essential to ensure services remain responsive, foster continuous improvement, and maintain trust and accountability within relational contracting arrangements. This approach not only improves efficiency but also encourages innovation and the development of best practice models that can be scaled or adapted across the sector.

Recommendation: Implement relational contracting as an option for providers that demonstrate readiness and capability.

Recommendation: Ensure ongoing feedback loops between the department and providers to maintain trust and accountability.

We would welcome the opportunity to explore these ideas with you in further detail. Should you require further information about any issues raised in the submission, please do not hesitate to contact Tracy Adams, CEO of **yourtown** via email at advocacy@yourtown.com.au.

yourtown is a trusted provider of services for young people, with a focus on mental health and wellbeing, parenting and early childhood development, long-term unemployment, prevention of youth suicide, child protection, and support for those experiencing domestic and family violence. **yourtown** has evolved to helping hundreds of thousands of young people each year through a range of service offerings, supporting them through many difficult challenges.

Our services

- Domestic and family violence refuge, transitional housing, and therapeutic supports for women and their children, including post-refuge support
- Accommodation and therapeutic supports for young parents and their children at high risk
- Early intervention mental health services for children aged 0-18 years old and their families
- Parentline, a telephone and online counselling and support service for parents and carers in the Northern Territory and Queensland
- Young Parents Program providing parenting support to help with child development, life skills and health and wellbeing activities in safe, supportive environments.
- Kids Helpline, providing professional counselling and support 24x7 to 5-25-year-olds across Australia since 1991
- Kids Helpline @ School delivering early intervention and prevention programs to primary and secondary schools nationally
- My Circle, a confidential, private, online peer support network for 13-25-year-olds to share information and build coping skills, and
- Employment, education, and social enterprise programs to support young people at risk of long-term unemployment to re-engage with education and/or employment.

Face-to-face Programs for Children and Families

yourtown provides accommodation and intensive individualised support to vulnerable at-risk young parents and their children through our San Miguel service. For over 40 years, San Miguel has provided a place to call home for vulnerable and at-risk families. In 2024-25, San Miguel supported 33 parents and 41 infants and young children.

yourtown's CARE Plus program in Port Pirie is an early intervention and family support service that aims to improve the development and wellbeing of children. We support students to continue to engage meaningfully in their education. On average, CARE Plus supported 25 children and young people each month in the last financial year.

yourtown's Starfish program supports children and young people aged up to 18 years to improve their emotional health and wellbeing. We provide outreach early intervention and prevention support in the Moreton Bay and Logan communities. The program supported 270 families in the last financial year.

yourtown is the Facilitating Partner for Deception Bay Communities for Children services. These community-based prevention and early intervention strategies support the development and wellbeing of children up to 12 years of age. In 2024-25, Coordinated Advocacy and Referral for Early Intervention assisted 114 families, Wolbai (a culturally safe, appropriate, and socially inclusive program that supports children and families) assisted 110 families, and Connected Families (which aims to strengthen parenting, wellbeing, and community connections for families) supported 182 families.

yourtown's Penrose Young Parents Program in Port Pirie South Australia and Glugor Young Parents Program in Deception Bay Queensland provide practical parenting support to help with child development, life skills, and health and wellbeing activities in safe, supportive environments. In 2024-25, Penrose supported 45 parents and 42 children and Glugor supported 31 parents and 42 children.

Family and Domestic Violence Refuge and Transitional Housing

yourtown's Family and Domestic Violence Refuge provides safe, supported accommodation for women and children for up to 12 weeks, or longer depending on individual needs. The refuge is staffed by a specialised, trauma-informed team where families can begin to rebuild their lives. The service is designed to

foster empowerment, restore self-agency, and support women and children to reconnect with their strengths, aspirations, and sense of control.

Families exiting the refuge may transition into **yourtown's** Transitional Housing Program, which offers continued safety and stability for up to 12 months. This program is a critical bridge to long-term, independent living and includes wrap-around support tailored to each family's goals. This includes assistance with legal and financial matters, employment pathways, education access, therapeutic support, and helping children settle into school and community life.

The refuge also offers an Outreach Program at exit, enabling families to maintain connection with the refuge and receive ongoing support after their stay. This continuity of care ensures women and children remain supported as they navigate their next steps for as long as they need. In 2024-25, **yourtown** supported: 29 parents and 48 children through refuge accommodation and 21 parents and 38 children through transitional housing.

Kids Helpline

yourtown's Kids Helpline is Australia's only free and confidential 24/7 phone and online counselling service for those aged 5 to 25. It offers children and young people a range of care options that are right for their needs and circumstances. Our commitment to being there anytime, and for any reason, has meant that we have responded to more than 9 million contacts from children and young people nationally in the 34 years since our service was first established, while also providing tens of millions of self-help interactions via our website and social channels. In 2024, our Kids Helpline counsellors responded to 133,386 contacts from children and young people across Australia, including 4,632 crisis responses for children and young people at imminent risk of harm.

Parentline

Parentline offers free confidential phone and webchat counselling and support for parents and carers of children in Queensland and the Northern Territory. It offers a safety net for families by providing support when it is most needed. This includes after hours and weekends, where families feel isolated and where local services are unavailable. In 2024-25, there were more than 6,000 counselling contacts with parents and carers in Queensland and the Northern Territory.

Employment Services

For over 20 years **yourtown** has been delivering specialist youth employment services. Our employment services programs, including Transition to Work, Skilling Queenslander for Work, and Get Back in the Game provide young people with training to expand their options and help them find sustainable employment. During 2024-25 almost 5,000 young people were supported in our employment services and programs in South Australia, Queensland, and New South Wales.

Social Enterprises

yourtown has worked with young people and employers to break down barriers to sustainable employment for 25 years. As a leader in work-based enterprises we provide young people at risk of long-term unemployment paid jobs in the following areas: construction, landscaping, and asset maintenance to help their transition to open employment. In 2024-25, almost 300 young people were employed in our social enterprises across South Australia, Queensland, and New South Wales.