Submission No 16

GOVERNMENT SERVICE DELIVERY STANDARDS IN REGIONAL NSW

Organisation: FAMS

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About Fams

Fams is the NSW peak body that represents the child protection NGO early intervention and prevention sector.

Children and family's safety, health and wellbeing are at heart of all our work. Fams is dedicated to ensuring that children and families receive the support they need through evidence-informed, outcomes-based service delivery. We champion government and sector accountability and work to influence positive policy outcomes.

We collaborate closely with Government, policy and decision-makers, non-government organisations, academic institutions, peak bodies, the family and community services sector, Aboriginal Community Controlled Organisations, and groups supporting diverse communities. Our advocacy focuses on securing better policies and resources for children, young people, families, communities, and the services that support them.

Acknowledgement of Country

Fams acknowledges the Traditional Owners of Country throughout New South Wales and their continuing connection to lands, waters and communities. We pay our respect to First Nations people, and to Elders past and present.

We recognise the significant overrepresentation of First Nations children and young people in contact with the child protection system and commit to driving reform that keeps First Nations children and young people safely with family, kin and community.

This acknowledgement is wholeheartedly endorsed by the Fams Board.

Introduction

This submission draws upon consultations with Early Intervention and Prevention (EIP) providers in the social and community services sector across regional NSW. Fams has also drawn on knowledge obtained from other engagements with our sector through the DCJ-led recommissioning processes for the DCJ-funded Community and Family Support (CAFS) Program (previously Targeted Early Intervention and Family Connect and Support) and Family Preservation (FP) services in NSW. Our consultation with critical sources highlights a disconnect between centralised government reporting frameworks and the reality of service delivery in regional and remote communities. We recommend a more equitable, place-based, and relationship-focussed approach to government service delivery standards across NSW.

Effective early intervention to support families before crisis point relies heavily on building trust, understanding local nuance, and strengthening protective factors. Our sector's skills are grounded in our ability to build relationships, find solutions to complex issues, and supporting families to overcome systemic barriers. Early intervention and prevention delivery often intersects with the broader community sector including health, mental health, domestic violence, homelessness/housing, and alcohol and other drug services, we recommend an approach that comprehensively measures this breadth of work.

Current funding models and service standards are based on metropolitan assumptions of infrastructure and "universal services" that simply do not exist in the same way across parts of regional and remote NSW. To address this, Fams advocates for a shift toward place-based commissioning, the development of equitable service standards that account for the unique regional landscape, and the legislative embedding of evaluation funding to ensure genuine accountability and continuous improvement.

Key Issues

1. **Measuring the scope of service delivery**

Providers consistently report that the way that they are encouraged to utilise current government mandated databases (e.g. Data Exchange (DEX), Infoshare) encourages reporting that can be disconnected from actual client outcomes. While there has been a welcome transition towards building an evidence base for government-funded community services, there is still room for improvement to ensure that these systems are equitable and capture the full scope of their outcomes and impact within the communities they service.

On-the-ground practice in the EIP sector is complex and strongly influenced the context of the community itself. There is a strong sentiment that the current commissioning environment treats service providers more like franchises rather than partners in strengthening community and keeping children safe.

> ***"A lot of it is deficit and not strengths-based data... It's a cycle of punitive management. It's not ever really investment around true community need. We feel like a franchise, like a McDonalds, of the government sometimes."***
>
> Southern NSW Service Provider

Furthermore, some providers expressed concern about the ability of current systems to encourage the recording of the extent of support provided and the improvements in protective factors for a family. They expressed a desire for greater opportunities to report on themes and existing strengths within the families they support.

> ***"We don't capture things like, 'What are we actually working with families on?'... It's deficit-based and doesn't show strengths or outcomes."***
>
> Western NSW Service Provider

Regional service providers often have multiple points of contact with the same family and/or client and are often providing support across multiple areas of need. However, their proactive and innovative responses are not fully captured by the scope of current reporting mechanisms.

> ***"We do all this work and government don't want to know about it. It's a missed opportunity when we do all this work. Government isn't working towards this."***
>
> Western NSW Service Provider

Our consultation also identified that service providers are concerned about the current approach where they are unable to influence their reporting requirements. Instead of being genuine partners with government to obtain high quality and detailed data, services often feel that they have limited formal avenues to demonstrate the full extent of their outcomes without diverting valuable resources into additional outcomes reporting. Fams' Amplify our Sector project[1] demonstrated that there remain underutilised opportunities for outcomes reporting that can be more widely implemented if resourced and formally recognised. Providers expressed a strong desire for strengths-based data, thematic reporting, and regional analysis to inform commissioning and improvement. They also identified that relational approaches to contracting and evaluation will help ensure that reporting pathway are responsive to current need within community in the instances where this is necessary.

Recommendation:

- Government should implement formal alternative reporting mechanisms which allow service providers to report on the full extent of their service provision. This should include co-design of outcomes measures at localised levels to ensure reporting mechanisms capture the true extent and value the highly skills early

[1] https://www.fams.asn.au/wp-content/uploads/2025/09/Communicating-Outcomes-Toolkit-Amplify-our-Sector-Fams-September-2025.pdf

intervention and prevention work. Relational approaches to contract management are essential to ensure that these mechanisms are appropriately operationalised.

2. Differences in the context of regional service delivery in NSW

Metropolitan perspectives often dictate the design of Government service standards. This perspective often assumes a level of infrastructure such as public transport, telecommunication and accessible crisis support that is inconsistent or absent in regional and remote NSW.

> ***"Universal services aren't universal in these parts."***
> Far West NSW Service Provider

Providers are often held accountable for outcomes and are expected to resourcefully and heavily invest in alternative solutions to navigate infrastructural complexities far behind their control and unlike their metropolitan counterparts. This is often an expectation that is not matched with commensurate funding or contractual accommodations.

In certain instances, these differences in regional infrastructure create safety risks that current reporting systems do not always consider:

> ***"We were consistently told to send her to the only refuge in a nearby hub, but the perpetrator knew exactly where it was. This actually increased her risk. In a community like ours, it is very difficult for us to keep a refuge confidential. We had to try for weeks to get her an appointment in the city to move to a safe place. Transport wasn't available, telecommunications wasn't available, all of that worked against this woman and we were unable to measure her outcomes."***
>
> Far West NSW Service Provider

In this instance, the service provider found that the only safe option was to assist this family to move to a refuge with wraparound supports in a metropolitan area. This had a two-fold effect: the regional service provider would report this as a premature service exit with unresolved risks and the metropolitan service provider be able to report a positive intervention. Currently, both the regional and metropolitan service provider would be evaluated on identical criteria despite the stark differences in viable referral options.

This issue extends beyond addressing family and domestic violence. Regional providers advised that a variety of services considered "universal" in NSW are either unreliably accessible or unavailable in regional NSW. This includes access to 24/7 policing and telehealth services, meaning that regional case workers are often having to also plan and support families with after-hours issues. Service providers in regional NSW are also often having to manage additional impacts of work, health, and safety risks that result from these barriers to service access. As noted in the quotes below, there are instances where regional service providers are required to cover larger distances than metropolitan providers and may also be required to allocate a second staff member for safety reasons which further compounds. In addition to this, there are instances where a metropolitan provider may rely on a worker from another service to attend a joint visit, while a regional service provider may not have this option. Service providers expressed a desire for more formalised pathways to identify and report on these contextual impacts on service outcomes.

"Models are built on the ease of travel in metropolitan areas. Providers [are] asked to do 3 visits a week when it can take 2.5 hours to travel one way."

Far West NSW Service Provider

> ***"In most incidences, you should have two staff when you have risk of psychological injuries and managing the WHS harms."***
>
> Southern NSW Service Provider

Conversely, providers also highlighted that building trust in regional communities takes significant time and relationship building, which is currently unmeasured and unfunded. Service providers in regional NSW do not have the option of being anonymous in their

> ***"...a lot of work that goes into building a footprint and rapport with community. We get invited to be part of community over many years. There is no way to measure and report that... It's about whole of community embedment..."***
>
> Far West NSW Service Provider

communities, and their reputations are often built on relationships and word of mouth. Service providers expressed concerns that too much weight is being placed on activities that have strong quantitative outcomes without accounting for the relational aspects of frontline delivery.

Recommendations:

- Government service delivery standards should value and uplift the relationships service providers build with their communities.
- Delivery standards should have clear provisions that recognise regional operating conditions and support providers to apply practical, innovative responses when infrastructure is limited.

3. The need for place-based and localised approaches

There is broad consensus that commissioning and planning capacity has been "stripped" from local departmental staff, reducing the government's ability to respond to place-

based needs. Providers contrasted this with the Primary Health Network (PHN) model, which was described as more effective because it is grounded in local decision-making and evidence-based need.

> ***"Commissioning and planning on a local level has been stripped from staff. They don't have the capacity to do this on a place-based level. The place-based work needs to happen in communities..."***
>
> Western NSW Service Provider

Some providers expressed that Primary Health Network (PHN) approaches to commissioning and evaluation contained principles that would be valuable across all community programs. These include:

a) Clear cycles of evaluation and needs assessment prior to contracting services[2]
b) Place-based approaches to commissioning[3]
c) Collaborative approaches to commissioning[4]

We heard that these approaches ensure that evaluation and monitoring of standards are embedded which increases their chances of resourcing services to be fit for purpose. We also heard that place-based approaches and collaborative commissioning help encourage co-design, local accountability, and ultimately the delivery of supports that are tailored to the local community itself.

> ***"Relational aspects of contract management are sometimes missed. We need to work together to get consistency in the service that's delivered and that's been a decade of learning."***
>
> Western NSW Service Provider

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[2] Commissioning-Framework_Approved_May2018_Web.docx.pdf
[3] Place-based Commissioning Guide
[4] Collaborative Commissioning

However, we also heard from other providers that the success of these place-based approaches was largely dependent on the capacity of the commissioning team itself and whether enough time had been devoted to relationship building with the relevant stakeholders in the area. Therefore, commensurate resourcing and capacity building within commissioning and planning teams is also an essential step towards enabling place-based approaches in regional NSW.

Recommendation:

- Transition towards a place-based approach to contract management and commissioning. This will support localised decision-making and ensure that the specific context of regional service delivery is not lost in statewide initiatives.

4. Funding gaps in service evaluation and monitoring

Providers identified a missed opportunity for service evaluations to be embedded into program funding. One provider noted that *"there isn't enough money in the DCJ money for evaluation," pointing* to the need for further resourcing for service providers to evidence what works and drive innovation. In the instances where organizations choose to allocate resources to evaluation, these efforts are often limited by the scope of the organization.

Several providers advised that a successful approach was with the Staying Home Leaving Violence evaluation[5]. They advised that a key factor to this success was embedding the evaluation funding into the program from the beginning. This ensured that the entire program from intake to exit processes could support the evaluation initiative. The fact that this was built into the model meant that the evaluation could be coordinated at a state-wide level ensuring that the outcomes measured were both generalisable and considerate of the diversity of service delivery. As noted above, the PHN approaches to embedding evaluation and monitoring across their commissioning cycles was cited as a positive experience of government service delivery standards in regional NSW.

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[5] Staying Home Leaving Violence Evaluation Report 2022

Providing avenues for place-based evaluation and capturing community feedback are key to ensuring that regional NSW has access to services that meets community needs. For this to be successful, adequate resourcing and a clear mandate is required. During our consultation process, providers were unanimous in stating that this is where they saw the clearest opportunity for legislative reform within the scope of this inquiry. Our consultation process highlighted the need for greater consistency in ensuring that appropriate evaluation and monitoring initiatives are built into government services that are outsourced. Including this requirement in legislation will ensure that this is consistently implemented rather than being dependent on the specific policy of the government department or commissioning team involved.

Recommendation:

- Consider legislative reform that embeds requirements for evaluation funding into all statewide government service contracts. This will allow for independent, standardised evaluation that informs future investment and program growth. This ensures that commissioning cycles are based on strong evidence, rather than aggregate data that does not consider regional differences.

Summary of Key Recommendations

In summary, there exists significant opportunity to uplift the unique aspects of regional service delivery in NSW, especially within the EIP sector. This can be achieved through:

1. **Reforming reporting frameworks and monitoring metrics that include the full scope of service delivery.**

We recommend that government considers reforming outcomes measurement to ensure that this highly skilled work is better understood and valued. This can be done through:

a) Co-designing outcomes measurement tools.
b) Uplifting and creating formal pathways for qualitative outcomes measurement.
c) Allowing for greater depth of reporting and evaluation (e.g. referral reasons, service intersections)
d) Implementing relational contracting where possible and integrating relational aspects of contract management.

2. **Developing equitable approaches to evaluation**

Government service delivery standards must consider the context of regional service providers in NSW. This should include:

a) Reporting and monitoring frameworks that value service providers that built relationships and trust with the communities they serve.
b) Service delivery standards that take into account the context of the community and location of service providers.
c) Reducing the reliance on top-down or one-size-fits-all approaches to reporting by allowing service providers to report on a greater range of outcomes and issues.
d) Reviewing current reporting frameworks and monitoring metrics to ensure they are fair and equitable.

3. **Transitioning towards place-based commissioning and localized decision-making**

Regional service providers should be provided opportunities to work in partnership with government to ensure that service delivery meets the needs of regional communities. Government should seek to transition towards place-based commissioning approaches that consider the specific needs of the community where supports are being delivered while still aligning with overarching state-wide initiatives. We recommend that evaluations of service delivery standards should include the experiences of lived experience and seek to elevate the voices of First Nations clients within these communities. This will ensure that appropriate consideration is given to

4. **Legislation to embed funding for evaluation**

Government should consider legislative reform to embeds funding for evaluation into all statewide government service contracts. This will allow for independent, standardised evaluation that informs future investment and program growth. This will allow funding to be based on strong evidence, rather than aggregate or incomplete data.