Name: The Benevolent Society

Submission date: 6/06/2025

Participant background

1. For the purposes of this consultation, which of the following best describes you:

   I am an organisation that provides or coordinates care services

2. Which of the following care sectors will your feedback relate to? Please select all that apply.

   Aged care; Disability; Early childhood education and care

3. What kind of care supports, services and programs do you have experience with, and in what jurisdictions?

   The participant did not respond to this question.

1. Reform of quality and safety regulation to support a more cohesive care economy

1. To what extent do differences in quality and safety regulation make it costly or complex to provide or access care services?

   To a great extent

2. What are the reasons for your answer?

   Regulatory and Quality Standards Compliance – Cost, Complexity, and Impact
   While there is a degree of commonality across sector quality standards, the indicators and expected evidence can vary significantly in both detail and scope. Benevolent currently maintains compliance with eight distinct sets of quality standards, in addition to numerous service-related regulations, legislation, and government policy obligations across multiple jurisdictions. In total, Benevolent is accountable to over 350 pieces of legislation and regulations. Of these, approximately 50 have direct and broad implications for how services are delivered or structured, influencing our operational approach across the organisation.
   Cost
   Benevolent must invest in governance structures that account for multiple, unique, and often highly specific compliance requirements in all decision-making processes. This necessity contributes to increased costs associated with data collection, collation, and analysis activities.
   Compliance obligations require dedicated quality and safeguarding personnel. These staff members are essential in ensuring adherence to quality and safety standards, supporting the generation of evidence, and managing accreditation or external verification processes. For Benevolent, this translates into a minimum of 16 program audits every three years. Each audit requires detailed preparation and significant post-audit activity, including the compilation of evidence. Often, this evidence is repetitive or overlapping, but nuanced differences mean it cannot simply be reused.
   Programs subject to mandatory accreditation must undergo audits every 18 months, placing a considerable burden on frontline and managerial staff who are often in a near-constant state of audit preparation. To manage this demand, Benevolent has invested in

a specialised quality unit with the necessary skills and operational insight to handle cross-program and cross-jurisdictional compliance analysis and streamlining.
Regular updates to client relationship management (CRM) systems are also required to maintain compliant workflows, ensure timely implementation of updated standards, and provide accurate documentation and reporting. Further investment in technology is necessary to manage incidents, complaints, and feedback, while ensuring continuous quality improvement—an explicit requirement of many standards. This includes maintaining systems for compliance tracking, corrective actions, and performance data.
Additionally, there are staffing and infrastructure costs related to data analytics and reporting functions that support quality and safety assurance. The cost of accreditation itself is high, particularly for organisations like Benevolent that operate across multiple jurisdictions and sectors. Where funding bodies require the use of approved assessors, organisations are often unable to negotiate bundled contracts, leading to multiple separate engagements and increased expense.
Changing business rules driven by sector reforms and legislative changes also contribute to administrative overheads. Document control, policy updates, and staff training to meet new requirements incur ongoing costs. Moreover, increased administrative responsibilities—especially those related to documentation—reduce the amount of time staff can spend directly with clients. To maintain required staff-to-client ratios, organisations may need to hire additional personnel, further increasing operational expenses.
Recruitment is also impacted, as frontline roles now routinely require staff to navigate complex data systems and applications. This expectation can be a barrier for some candidates, particularly older workers in the care sector.

Complexity

Benevolent must respond to differing jurisdictional and funder expectations, including varied standards, legislation, and even terminology. These differences often necessitate the creation of tailored responses in guiding documents, which increases the complexity of maintaining uniform processes and consistent evidence generation.
Rolling out compliant policies in response to constantly evolving reforms across sectors and jurisdictions is both time- and resource-intensive. Due to the diversity of standards applied to Benevolent's programs, internal monitoring must use a range of tailored audit and review tools. No single approach is suitable across all contexts, which complicates organisation-wide data collation and trend analysis.
In some cases, legal requirements differ entirely between states. For example, the definition and regulation of restricted or prohibited practices may vary, with a practice considered non-compliant in one state but permissible in another. Misinterpretation of these requirements by a multi-jurisdictional provider risks regulatory penalties.
Accreditation assessors frequently make numerous improvement recommendations, even when no non-conformances are found. While non-mandatory, these suggestions can be impractical or financially unviable for a cross-jurisdictional organisation, yet each still requires time-consuming review and justification.
Additionally, when multiple assessors and accreditation bodies are involved—due to government-mandated approval lists—organisations may receive inconsistent feedback. This can result in identical or similar programs being assessed differently across states, further complicating efforts to streamline compliance.

Impact on Clients

Clients can be affected by the volume and nature of information collected during intake and assessment processes. A focus on meeting legislated timeframes may reduce the depth or quality of client assessments.

Administrative demands—driven by the growing volume of indicators and evidence requirements—divert staff time away from direct client support. To maintain service quality, this may necessitate increased staffing, which further escalates operational costs.

Clients also report audit fatigue, having been repeatedly asked to participate in assessor interviews, funder surveys, and organisational feedback processes. Some have explicitly stated that the number of surveys and interviews feels excessive.

Furthermore, strict compliance requirements may limit Benevolent's capacity to innovate or adjust workflows in ways that could improve service delivery. For example, standards that prescribe specific timeframes for support planning may prevent a program from restructuring client pathways in a more responsive manner.

Partnerships with other organisations can also be impacted. Different outcome tools, policies, or system requirements among partner agencies often necessitate bespoke adaptations. This can add to the complexity and cost of collaboration, even when those partnerships would clearly benefit clients and communities.

3. To what extent should quality and safety regulations be more aligned across the different care service sectors and jurisdictions?

To a great extent

4. What are the reasons for your answer?

While streamlining standards across the care economy is desirable, certain sectors have specific nuances tied to their professional discipline or statutory function that necessitate distinct standards or more granular indicators. In these cases, reducing requirements to a simplified, common set risks compromising quality, safety, or even compliance. Examples include statutory foster care, direct delivery of allied health services, personal care services, and early childhood education and care. Each of these requires sector-specific standards that reflect their regulatory and professional complexities.

In areas such as statutory foster care, where legislative contexts may differ slightly between states but the core rights of children and service expectations are broadly aligned, a more nationally consistent accreditation framework would be beneficial. If an organisation is accredited to deliver statutory foster care in one jurisdiction, that accreditation—or at least a recognised equivalency—should significantly reduce the burden of achieving accreditation in another state. This would reflect the shared principles underpinning service delivery, even where legal definitions or procedural requirements diverge.

There is also strong potential for better alignment of standards across similar program types, such as family preservation and family support services, where outcomes and approaches are consistent across jurisdictions. For organisations like Benevolent, which operates across multiple states and sectors, the cost and complexity of complying with a range of differing legislative and regulatory requirements mirrors the challenges already discussed in relation to quality and safety standards.

Streamlining legislative compliance is inherently more difficult, as legislation and regulations vary by state—sometimes for legitimate contextual reasons, and at other times without an immediately apparent rationale. A shift toward an accountability model focused on demonstrating awareness of, and systems for, regulatory compliance—as part of a quality assurance framework—could reduce the compliance burden while maintaining appropriate safeguards. Such a model would allow organisations to develop integrated, streamlined processes that support consistent and lawful practice without duplicating effort.

A clear example of inefficiency is the current system for Working with Children Checks.

Staff working nationally may be required to hold up to seven separate checks—one for each jurisdiction—despite the underlying purpose and assessment criteria being nearly identical. This contrasts with NDIS accreditation where there is a nationally recognised single assessment process.
Most community sector legislation across Australian states is broadly similar in intent and structure. Differences often arise in micro-aspects such as reporting timeframes, specific definitions or inclusions, and procedural processes. Naturally, the implementation of legislation also varies, given each jurisdiction's unique departmental structures and resourcing models.
To better support multi-jurisdictional service providers, state-based monitoring bodies should be aware of the operational realities of cross-border delivery. Auditing and compliance assessments should take into account the need for internal streamlining, and apply a more informed and sympathetic lens to organisational efforts at maintaining consistency and efficiency.
While there is a level of complexity and associated cost inherent in operating across multiple sectors—and this should be expected as part of that decision—there remains significant opportunity to improve alignment of quality standards. Legislative alignment may be more limited in scope, but there is meaningful potential for accreditation processes and compliance frameworks to more effectively accommodate the responsibilities of organisations working across jurisdictions.

2. Embed collaborative commissioning to increase the integration of care services

1. What is your experience with collaborative commissioning

Benevolent supports a shift toward collaborative commissioning that enables providers, funders, and communities to co-design services that respond to local needs and deliver better outcomes. In our experience across aged care, disability, and early childhood and family services, transactional commissioning models often fragment care, stifle innovation, and create barriers to system integration.

We see formal relational contracting as a powerful enabler of collaborative commissioning — providing a structured governance framework (Part A) where Primary Health Networks, Local Hospital Networks and Aboriginal Community Controlled Health Organisations and community providers can align values, share data, adapt in real time, and co-own outcomes. This model fosters the trust and flexibility needed to bridge system gaps and meet the needs of people with complex, cross-sector care requirements.

Current transactional contracting models used across the NDIS, family services and aged care systems don't always deliver the best public value. They drive up administrative costs, encourage short-termism, and restrict providers' ability to respond to complexity and client diversity. These models assume that outcomes can be predefined and performance measured through rigid milestones — assumptions that break down in complex social services. As a result, commissioning often prioritises process over impact and fails to build the system capability Australia needs.

Formal relational contracting offers a proven, lower-friction alternative. Grounded in 70 years of empirical evidence, it enables structured cooperation between governments and providers through shared governance, open data, and agreed principles for problem-

solving and adaptation. This approach reduces tendering and monitoring costs, improves quality through collaboration rather than competition, and enables continuous system improvement — particularly critical in environments with evolving evidence, complex user needs, and geographically diverse service delivery.

As one of Australia's oldest community organisations, Benevolent delivers across disability, ageing, and family services — areas where transactional contracts have constrained flexibility and innovation. A relational model would allow us and similar providers to deliver more efficient, responsive, and sustainable services while co-creating solutions with government. It would also better reflect the realities of long-term care relationships and enable integrated system reform, ultimately improving outcomes while reducing the downstream costs of fragmented, reactive service delivery.

We recognise that we all have a part to play in relation to changing our work to embrace more relational approaches, and are part of a number of impactful partnerships including The Possibility Partnership, Partners in the Community and Allies for Children which are all exploring how we can provide leadership in more collaborative and relational arrangements across a range of sub sectors including family preservation and restoration and disability.

2. What are the benefits of pursuing greater collaborative commissioning?

The participant did not respond to this question.

3. What are the barriers to collaborative commissioning, and do you have any suggestions for solutions that would lead to better collaboration in the commissioning of care services?

In your response to this question, you might want to provide specific suggestions about changes to governance or funding that could lead to greater collaboration between PHNs, LHNs and ACCHOs, or feedback on any additional considerations for ACCHOs collaborating with LHNs and PHNs.
Collaborative commissioning holds significant promise for improving care integration, particularly for people with complex or overlapping needs across health, disability, and aged care systems. However, we see several key barriers that currently limit its effectiveness:
1. Fragmented governance and accountability – PHNs, LHNs, and ACCHOs often operate under separate funding models, performance measures, and strategic priorities. This creates duplication, misalignment, and competitive behaviours that make true collaboration difficult. In particular, funding streams are often tied to short-term outputs rather than shared, long-term outcomes.
2. Rigid, transactional commissioning frameworks – Current contracting practices are based on compliance-driven models that discourage joint planning and limit flexibility. Providers are incentivised to focus on their own performance indicators rather than contribute to system-wide goals. There is also limited space for innovation or adaptation in response to emerging community needs.
3. Power imbalances and lack of genuine co-design – Smaller organisations, including many ACCHOs and community-based providers, are often brought into commissioning processes late or as afterthoughts, rather than as equal partners. Cultural capability, local trust, and community governance are not adequately weighted in procurement decisions, particularly where large LHNs or PHNs dominate.
4. Insufficient shared data and decision-making platforms – Collaborative planning is often undermined by siloed information systems, unclear data-sharing arrangements,

and lack of integrated feedback loops between funders and providers.
Suggested solutions:
• Introduce formal relational contracting frameworks to support collaborative commissioning. These frameworks would establish shared governance structures (akin to a “Part A” in relational contracts) that align goals, values, and principles between PHNs, LHNs, ACCHOs, and community providers from the outset — enabling co-design, transparent decision-making, and structured flexibility throughout the commissioning cycle.
• Fund shared commissioning infrastructure, such as pooled funding models, joint planning forums, and community engagement mechanisms. Provide dedicated investment in local governance capacity (especially within ACCHOs and smaller community organisations) so that all parties can engage as equals.
• Align performance frameworks across funding bodies to support shared outcomes rather than siloed outputs. Commissioners should be jointly accountable for improvements in population health, equity, and access — not just contract delivery.
• Enable data interoperability and shared measurement systems to support collective impact. Ensure all partners, including service users, can access and contribute to real-time data on service effectiveness, outcomes, and unmet needs.
• Prioritise Indigenous leadership and decision-making in areas with significant Aboriginal and Torres Strait Islander populations. This includes privileging the role of ACCHOs in governance structures, funding cultural governance capability, and embedding Indigenous data sovereignty principles in all commissioning activities.

3. A national framework to support government investment in prevention

1. What are the main barriers to governments investing in evidence-based prevention programs across the care economy?

A key barrier to government investment in evidence-based prevention programs is the structural disincentive for service providers to invest in long-term evaluation and data collection. Currently, most services in the care economy are funded on short-term cycles, which makes it extremely difficult to generate robust longitudinal data that clearly demonstrates the preventive impact of interventions.

Prevention, by nature, requires time to track and assess outcomes—often beyond the typical one-to-three year funding horizon. Without the ability to demonstrate long-term impacts, services are caught in a cycle where they are unable to build the evidence base required to justify future funding for prevention.

Compounding this issue is the way evaluation and data collection are treated in funding models. Evaluation costs are typically classified as indirect or overhead costs. This creates pressure on service providers to minimise these expenses to remain competitive in government procurement processes, where low overhead rates are often equated with greater efficiency. As a result, essential activities like data infrastructure, outcome tracking, and independent evaluation are underfunded, even when providers are highly motivated to build the evidence base for their work.

2. What are some examples of successful prevention programs (this could include discontinued programs)?

In Sync: Strengthening Early Childhood Development Through Relationships
Launched in November 2024 in New South Wales and South Australia, the In Sync

program is a pioneering early intervention initiative designed to support young children with disability and their families. Based on learning from our Early Supports Program in Queensland, In Sync is built on a simple but powerful principle: a child's strongest asset is their relationship with their parent or caregiver.

The program was developed through a research and development lens to test our observation that therapy is most effective when embedded in the parent–child relationship and everyday routines. Over a period of three to six months, In Sync practitioners support families with play-based strategies that build a child's vocabulary, help manage behavioural or sensory challenges, and support developmental milestones.

The results speak for themselves:

• 80% of children achieved improvement in their developmental goals after six months in the program.

• 70% of parents reported a stronger understanding of their child's experiences and needs.

In Sync is now expanding and demonstrates the value of relationship-centred, parent-empowering approaches in early childhood disability support.

Family Preservation: Keeping Families Together and Children Safe

The Benevolent Society also delivers a range of Family Preservation services aimed at preventing children and young people from entering out-of-home care. These services are grounded in our award-winning Resilient Families model and include case management, evidence-based therapeutic support, and interventions that strengthen parenting capacity and improve family safety and wellbeing.

In 2024, our Family Preservation programs achieved the following outcomes:

• A 14 point average increase in parents' self-rated wellbeing, bringing scores in line with the national average.

• A 6 point average decrease in psychological distress, bringing participants into wellness ranges.

These changes translate to real improvements in child safety and long-term family stability. Parents and caregivers tell us they feel better equipped, more confident, and more connected to support networks after working with our teams. Our services are delivered in collaboration with health, housing, education, and justice systems—acknowledging that successful family preservation requires whole-of-community support.

The success of this work has shaped system-level change. In 2024, the NSW Government initiated a redesign of its funded Family Preservation services. In our response to the discussion paper, The Benevolent Society advocated for earlier intervention, fewer barriers to support, stronger partnerships with First Nations-led services, and more enduring investment in family wellbeing.

Our Early Years Centres also support 15,000 families annually with services ranging from universal playgroups to specialised family preservation and restoration.

3. How can governments better support investment in prevention activities that have broad and long-term benefits for the Australian community?

To better support investment in prevention activities that deliver broad and long-term benefits for the Australian community, governments should consider the following:

1. Longer-Term Funding Commitments: Extend funding cycles to allow for multi-year program delivery and evaluation. Prevention outcomes often emerge over a 5–10 year period; funding should reflect this reality to allow evidence to accumulate meaningfully.

2. Dedicated Funding for Evaluation: Ring-fence a portion of program funding specifically for evaluation and data collection, and treat these as essential program components rather than indirect costs. This would support transparency, accountability, and

continuous improvement.
3. Incentivise Evidence Generation: Develop funding mechanisms that reward evidence-building and continuous evaluation, including support for pilot programs and adaptive models that are refined through real-time learning.
4. Cross-Government Coordination: Since the benefits of prevention often span sectors (e.g., health, education, justice, housing), governments should invest in shared-outcome frameworks and joint funding pools that allow different departments and levels of government to co-invest and share in the returns of prevention.
By addressing these structural barriers, governments can enable a stronger, evidence-informed care economy that not only responds to current needs but proactively reduces the demand for more intensive (and costly) interventions in the future.

Cover sheet: Supporting document #1

Melbourne Disability Institute
Partnering for impact

Formal Relational Contracts and the Commissioning of Complex Public Services

Position Paper

October 2024

Professor Mark Considine, School of Social and Political Sciences
Associate Professor Sue Olney, School of Social and Political Sciences
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University of Melbourne

Formal Relational Contracts and the Commissioning of Complex Public Services

Position Paper
October 2024

Mark Considine, Bruce Bonyhady, Sue Olney and Kirsten Deane
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Nobel Prize winning economist Oliver Hart neatly summarised what is wrong with the transactional approach to contracts "where lawyers try to think of all the possible things that can go wrong in a relationship and include contractual provisions to deal with them" and he then concluded that this approach "is broken". Most people who have had anything to do with social service contracts would agree.

Current inadequacies in both DES and NDIS commissioning arrangements have been widely canvassed. For example, the recent NDIS Review identified several challenges in the current governance architecture which indicate low trust and poor communication between purchasers and suppliers (at Section 3.5.3, 3.5.4). The Parliamentary Select Committee Review of Workforce Australia made similar criticisms of the prevailing system of transactional contracts in that scheme.

What does the alternative, the formal relational contract, do instead? In simple terms it involves a clear agreement, combined with structured discussion of shared goals. There is also a set of guiding principles that all parties agree to use when an uncontracted event occurs. The contract includes a process for open communication and data sharing so that all parties are on the same page, all the time, including in relation to their costs and finances.

Typically these conditions are established in Part A of the formal relational contract, which create values and governance alignment. The Part A development stage also allows engagement with service users who wish to see their interests explicitly described. In Part B the contract parties agree 'the deal' in which outcomes are specified and prices detailed.

With over 70 years of successful implementation and detailed empirical research behind it, formal relational contacting stands as a compelling approach to commissioning in any field where exact outcomes are hard to predict, tools need continued refinement through practice and members of the supply chain can only contribute effectively to system-wide improvements if they can use shared insights and innovations in a trusted relationship. Formal relational contracting is not just the preserve of governments; it has been used very effectively by the private sector, when out-sourcing complex projects or functions.

Background

In the Australian public policy landscape the most accepted forms of commissioning include infrastructure contracts where the outcome is known and the measures of completion are well understood, through to tender-and-supply agreements for physical services where performance is also relatively easy to define, then to contracts in the human services field where many things are hard to specify in advance. It is this last category that concerns us in this position paper.

In many public service fields from childcare to vocational training, or from disability to employment services, we find publicly funded activities delivered by contracted providers. Typically, these contracts result from a request for tender (RFT) based upon a very detailed specification. In some cases the list of possible contestants is narrowed by use of a preferred provider licence or registration. What happens next is some form of confidential independent assessment and then follows a series of business offers to the contestants. Payments are then typically fixed to individual client services and perhaps to specified outcomes. Often the outcomes must be somewhat contrived to fit contract milestones or 'best estimates' of the client progress hoped for. As a result, what are aspirationally described as partnerships are, in fact, ever more detailed transactional relationships.

These arrangements frequently operate under the rubric of principal-agent choice as a key mechanism for driving efficiency. For the purchaser such choice involves turning over the suppliers on a regular basis, or threatening to do so, and this apparently keeps them attentive. The clients may also be required to exercise choice (and switching) of their service provider and this is thought to enhance service quality because their available exit option keeps suppliers focussed on their needs. In some fields the purchaser will also aggregate the performance data on suppliers and publish 'star ratings' to show everyone which firms are doing best.

Why might such a contracting system fail to perform as hoped?

Four typical problems weaken the mechanisms in these forms of service commissioning.

First, there is no abundance of qualified providers in many service sectors. Establishing high quality services involves time, investment and experience. Many generalist firms may bid in a request for tender but many will be there only to hunt quick returns. The subsequent tender deliberation process generally confines most of the adjudication to the examination of documents submitted, conducted behind locked doors and/or preference price as the most important selection criteria. The purchaser has to 'make do' with what is offered. The deeper values and motivations of bidders cannot be easily discerned from tender documents. Making judgments about those qualitative issues can also be deemed inappropriate in a formally 'objective' assessment conducted by independent experts such as lawyers.

Second, the exact outcomes being sought through the contract might not be easily specified. Complex human services are produced at the moment they are consumed. There is no way to check quality in the warehouse beforehand. This means we have to place greater trust in the delivery process. This increases the vulnerability of clients when faced with poorly performing service deliverers. It also significantly reduces oversight options for the purchaser. Implementation occurs inside a 'black box'. It is not surprising in these circumstances to find that opportunistic suppliers spend a good deal of effort finding ways to cut their costs and raise their profits, including at the expense of service quality or 'cherry-picking' easy to serve clients, leading to gaps in services for more complex clients.

Third, the public agency required to purchase these complex services under such conditions will have very limited means to drive the search for better system-wide quality. The terms of competitive allocation of the contracts will empower suppliers to treat their methods of delivery as a proprietary asset. Over time the purchaser will become more distant from the detail of service delivery and more concerned with performance milestones and payments. Heavy system regulation will inevitably follow outbreaks of bad behaviour and good providers will be handed higher costs.

Fourth, assessment of the public value of these forms of commissioning is still largely confined to the relative benefits and costs of different methods of service delivery, with limited consideration of flow-on effects, unintended consequences and possible cost-shifting. Transactional performance management systems are ubiquitous across outsourced public services, to report achievement of milestones and outputs, to trigger payments, and to serve both as policy evidence and a tool for making services more transparent and accountable to citizens.

There are risks in governments relying on transaction-based reporting as policy evidence, as particular groups of people can be invisible or misrepresented in these data and because satisfaction data may be biased. Factors that drive inequalities generally, such as age, gender, language and literacy, disability, mental and physical health, cultural and ethnic background, access to technology, socioeconomic status, geographic location and household structure, consistently emerge as fault lines in service systems built on aggregated measures of performance.

How is a relational contract different?

In the formal relational contract the attention shifts from a transactional deal designed to protect the purchaser against hold-ups or opportunism and moves to a focus upon structured, ongoing cooperation between the parties. The common ground is found in the commercial relationship and its value over time. The core idea is that the parties acknowledge that they are involved in a continuing set of engagements, not a once-off transaction. Both agree to respect and support each other's viability, subject to agreed principles.

With this "shadow of the future" in mind, it is rational for the parties to carefully consider each others' best interests. An opportunistic manoeuvre by the purchaser

might extract a lower price on Day One, but at the cost of losing a good supplier later on, or promoting opportunism and other risk-taking behaviour in response. Equally, opportunism by the supplier gives some immediate pay-offs but does so by risking the future supply of quality work.

Provided the work being done by the supplier is transparent to the purchaser and that problems are worked-through together according to pre-agreed principles, suppliers can expect reasonable profits and help from the purchaser to resolve problems along the way. On the other side, the purchaser can expect open dialogue and effort to raise service quality and manage costs.

An important element in the formal relational contract that sets it apart is the Part A of the agreement where the parties co-create a governance structure and agreed procedures which provide the means to continuously align their interests and the interests of users/citizens. Because all contracts are necessarily incomplete the benefit of the relational model is its explicit attention to the need for adjustment and alignment.

But what happens when interests do not align? The work done at the start to assure shared goals and open methods of implementation will reduce most conflicts. But the governance structure in a relational contract will also provide a means to identify and resolve issues that arise along the way. For example, it will use flexible pricing models to keep the system fair over time, while 'a robust governance structure' works to address the root causes underlying any problems.

Public Sector Options

Why might agencies in the public sector opt for a formal relational contract rather than a transactional contract with their service providers? The key issue here is the degree of service complexity, related in turn to the complex needs of clients across varied geographies. If that complexity includes greater vulnerability, transactional contracts will often fail to deliver continuous improvement of service quality. The parties will only negotiate their methods at the time of signing. Efforts to adjust, adapt and improve, including in response to user/citizen needs, will be difficult on both sides. And if there are multiple service providers all set in competition with each other, shared insight into service improvement will then be sacrificed in favour of competitive advantage. A relational approach allows better local alignment and feedback.

A second reason for using relational contracts is their greater capacity to include the voice of users/citizens and respond to changing circumstances. New economic conditions or altered expectations to deliver services to new cohorts or emerging evidence of best practice can easily upset the best laid plans in a transactional system. Amending those detailed agreements with multiple parties usually provides too great a barrier to adjustment.

The third compelling reason for using relational contracts in complex service systems is the capacity to experiment and innovate while the services are on foot. Goal alignment between the parties through the agreed governance structure (Part A) will provide a

means for the members of the supply chain to see what others are achieving and seek to enhance overall system performance.

The final element that relational contracts offer is a greater level of mutual engagement between the parties. This enables joint development of collective assets such as training, better and cheaper regulatory oversight through transparency, and assists flexibility through the ability to share capacity between different suppliers. When the economic achievements of the relationship between the parties extend over time there will be greater net benefit in any investment in service improvement, because a 'rising tide lifts all boats' understanding will be more likely.

Implementation Principles

While a relational contract can be created by any parties seeking to work together, research shows that often this approach will emerge after a period of transactional contacting through which the parties get to know one another and learn a great deal about each other's strengths and weaknesses. It is often the mature state of such relationships that leads to the 'flip' from transactional to formal relational contracts.

Regardless, the first step in implementation (Part A) involves creating a foundation process and document in which aspirations, outcomes, previous experiences and concerns are shared. This will include any doubts or previous experiences of conflict that have damaged trust. This is the place to express hopes for improvement. Parties may find a 360-degree relationship review process helpful.

This very first stage provides a means to assess just how much trust and alignment already exists and how much needs to be developed.

The next step involves creation of a statement of the shared goals in forming a service delivery relationship. From here the third step will involve the adoption of guiding principles for the work to be carried out, the transparency of decision making, reasonable expectations for cost and profit, plus agreed principles to use when uncontracted issues arise.

These first three elements form the platform for the practical commitments to be agreed next. With the foundations agreed, the next part of the contract involves 'the deal' in which responsibilities are defined, pricing frameworks and metrics are agreed, and expected outcomes are highlighted. The roles of each party will also be broadly defined and a governance structure for data sharing and regular review will be set.

Where the service involves multiple suppliers doing similar work in different places, or with defined sub-populations, the framework governance may also include transparency between suppliers and mutual support among them to enhance service quality. It will become one of the core principles of a relational contract in this case to support and reward joint efforts to improve services.

Implicit in this approach is that where the desired outcomes are difficult to measure or where effective measures of outcomes are still under development or where desired outcomes are likely to change over time, the most effective way to achieve best outcomes is through approaches which encourage sharing of experiences, such as communities of practice, to improve outcomes for all. This contrasts with standard practices in competitive markets which regard such activities as collusive and anti-competitive. In other words relational contracting is able to recognise the gains from collaboration between market participants.

In sectors which have a large number of suppliers the Part A conditions of the contract are developed as a unified process with common values and procedures for all participants. In the private market the equivalent cases involve cases such as farmers using a common framework in their contracts with processors. The Part B details may then describe different specific targets and prices for each participant.

Transition Issues

While the majority of documented examples of formal relational contacts involve parties with positive previous history, transition challenges nevertheless occur. Old habits die hard and early work will be required to enable the parties to form new habits, to be more trustful and to use the formal relational framework effectively.

In the Australian case for social services we have sectors with large numbers of service suppliers. Rather than attempt to shift all of them across in one cycle a recommended approach is to prove the model by shifting a volunteer group first, or nominating a region where the new approach will be modelled.

It is also likely that an investment stage will be needed to get the new Part A governance frame in place and to assure the parties that transparency will work for both the purchaser and the suppliers.

Skill development and cultural change among the staff previously tasked with contract monitoring will also be important. In a transactional system the regulatory steps are set in black-letter provisions and milestones are also firm. Deviations are difficult. But in a relational model the contract managers regulate with an approach that is based on the idea that suppliers will learn to improve if problem solving takes place locally and quickly. This means that the Part A framework needs to include principles to be used to adjust the rules for service implementation where such actions help clients and improve resource eficiency. This adjustment then becomes an object lesson for the governance group to share and to disseminate new practices that work.

Asking staff on both the purchaser and supplier side to work differently will mean some re-training, cultural change and new forms of professional development. If this also results in better working conditions and improved empowerment and results for clients one could hope this might pay for itself in better morale and lower turnover. But it may also mean some upfront investment costs in both training and support which the governance framework standing behind the Part A process will need to manage.

Results

The value expected under a formal relational contact approach is to replace heavy regulatory costs and incentives for opportunistic behaviour inherent in the transactional model and establish instead a transparent system of continuous mutual adjustment towards common, formally agreed goals.

The pay-offs include reduced monitoring costs, fewer time-consuming conflicts and wrong-turns, much lower tender costs, greater flexibility to have suppliers assist one another and to respond quickly to gaps or service surges in new domains and much greater opportunities to give users and citizens voice in improving both outcomes and the way the system operates.

Example: The opportunities and challenges for the NDIS – post the NDIS Review

As noted above, the NDIS Review made a number of recommendations in relation to the need for the utilisation of relational contracting by governments, when implementing the Review's recommendations.

To date the NDIA has implemented its Partners in the Community contracts using increasingly detailed purchaser-provider type contracts. These have prioritised inputs and outputs, over outcomes. They have not been successful with both the NDIA and the Partners reporting dissatisfaction with the current approach. Even more significantly, NDIS participants and their families have been very critical of the outcomes from these arrangements, because they prioritise outputs not outcomes and have an insufficient focus on quality of service.

Now, following the NDIS Review, the NDIS is an ideal test case for relational contracting. Potential areas in which relational contracting could be applied, post the NDIS Review, include, Foundational Supports, navigation and lead practitioners.

These specific areas of reform are also interesting from a wider public policy perspective, as all governments rely more and more on non-government agents from the community sector and for-profit companies to deliver government services where the outcome measures are a work-in-progress.

First, Foundational Supports, navigators and lead practitioners are all critical roles which are central to the successful implementation of the NDIS Review. At the same time, these are new structures and roles with nascent outcome measures that are in need of refinement. These roles therefore cannot be implemented based on "set and forget" approaches, which are implicit in transactional purchaser-provider relationships. There are therefore likely to be significant potential benefits that would accrue from using relational contracts to frame the development over time of optimal outcome measures. These outcomes must reflect what is most important to people with disability and their families and so require the type of deep engagement that is possible through relational contracting, and also drive system-wide improvements,

while guarding against perverse incentives. Using relational contracts shifts the focus of preparation from trying to pre-determine roles, rules, responsibilities and fixed outcomes, when there is insufficient evidence, to getting the commissioning framework in Part A and Part B right.

Second, the Review recommended that Foundational Support should be built out from existing local strengths and so should be strongly guided by the local knowledge of State and Territory Governments with the Commonwealth government providing oversight and ensuring that there are national standards. This means there is an excellent opportunity to undertake continuous processes of comparison and improvement or "natural experiments". Relational contracts can very effectively facilitate this process of continuous learning, across geographies and providers because the Part A structure allows the parties to experiment, review and adjust without need to write new contracts.

Third, Foundational Supports, navigators and lead practitioners all involve ongoing relationships with people with disability and their families. As noted earlier, in purchaser-provider relationships contract termination is the major mechanism used by the purchaser to achieve desired outcomes. In effect, the operating model says: don't perform or perform in the bottom quartile of providers, according to the measures that have been set, and you are out! However, when the service that is being delivered – such as through Foundational Supports, navigators and lead practitioners – involves building long term trusted relationships, any contract terminations are very problematic, as they disrupt all established relationships which have been carefully built over time. As a result, purchaser-provider relationships are better applied to transactional services, such as buying equipment. In contrast, relational contracting naturally supports ongoing relationships and creating shared objectives between the service providers and the customers/clients.

Fourth, the NDIS is unusual in the deep engagement it is generating across governments and within governments. National Cabinet, central agencies, including First Ministers Departments, social services/community/disability policy departments across the Commonwealth, State and Territory governments and the NDIA as the operating agency all have a role in the policy settings and implementation of the NDIS. Central agencies are most interested in costs and the ensuring that the target set by National Cabinet is met, while policy departments are focused on overall disability policy settings and the NDIA has to implement the scheme. For each of these areas of all governments to effectively undertake their roles, there must be an effective feedback loop from experiences on the ground from community partners, people with disability and their families all the way to central agencies, which then shapes fiscal and policy settings. Relational contracts are better from this perspective, as they build in formal feedback loops within the Part A structure and then permit continuous policy and practice improvements.

Finally, the reforms to the NDIS and the potential to implement key recommendations from the NDIS Review using relational contracts provides an opportunity to influence the approach to government contracting in other areas – across Commonwealth, State

and Territory governments. It is in fact an ideal test case, with much wider potential benefits in terms of how governments design and implement policies to provide the most effective support for vulnerable citizens where outcome measures need to be very sophisticated.

Partnering with community organisations and the disability community

MDI has identified a number of community organisations who are currently Partners in the Community, who are eager to work with all governments and the NDIA to implement an effective relational contracting approach as part of the successful delivery of Foundational Supports, navigators and lead practitioners.

MDI is also a founding member of the Australian Disability Dialogue, whose partners include Disability Advocacy Network Australia (DANA) and Inclusion Australia and will seek to ensure that the voices of people with disability are incorporated into this project through the Dialogue.

Melbourne Disability Institute

The MDI team members who will be engaged in this work are:

- Professor Mark Considine AM, is Co-Direrctor of the Australian Welfare and Work Lab. Professor Considine has expertise in the areas of government commissioning, welfare and work. He has both a national and international reputation, is very well-connected to leaders in commissioning globally and is the author of *The Careless State: Reforming Australia's Social Services*, which includes a chapter on the NDIS. (Prof Mark Considine : Find an Expert : The University of Melbourne (unimelb.edu.au)
- Associate Professor Sue Olney is the UOM – BSL Principal Research Fellow in the School of Social and Political Sciences. Her academic expertise includes commissioning of government services, support for people with disability outside the NDIS and improving employment outcomes for people with disability (A/Prof Sue Olney : Find an Expert : The University of Melbourne (unimelb.edu.au)
- Professor Bruce Bonyhady AM is Executive Chair and Director of the Melbourne Disability Institute. He is one of the key architects of the NDIS, was Chair of the National Disability Insurance Agency from 2013 to 2016 and was Co-Chair of the NDIS Review in 2022 in 2023. He is the father of three adult sons, two of whom have disabilities and was made a Member of the Order of Australia in 2010 for service to people with disability, their families and carers. (Prof Bruce Bonyhady : Find an Expert : The University of Melbourne (unimelb.edu.au)
- Professor Kirsten Deane OAM is Deputy Director of the Melbourne Disability Institute. She is a former Campaign Director of Every Australian Counts, former Deputy Chair of the National Disability and Carer Council, principal author of

the *Shut Out* report and was a Member of the Independent NDIS Review Panel in 2022 in 2023. Kirsten has a daughter with Down Syndrome and received an Order of Australia Medal in 2015.

Cover sheet: Supporting document #2

The Benevolent Society
Our impact

benevolent SOCIETY

Our impact

The Benevolent Society exists to make a positive impact for the people we work with and on Australian society as a whole.

Since 1813, we've been there for anyone who needs us. As one of Australia's oldest charities, our history reflects a passion for helping people live the lives they value, and we remain committed to pursuing this goal. We provide services and support across Australia to children, families, older people, and people with disability. Our main locations are in New South Wales, South Australia, Queensland, and the ACT.

Our vision

A just society where all Australians can live their best lives

Contact us

The Benevolent Society
ABN 95 084 695 045

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Glebe NSW 2037

Website: benevolent.org.au

Phone: 1800 236 762
(Business Hours Monday – Friday 8 am to 6 pm)

Email: customercare@benevolent.org.au

Acknowledgment

The Benevolent Society acknowledges the Traditional Owners of Country throughout Australia and recognises Aboriginal and Torres Strait Islander people's continuing connection to land, waters, and community. We pay our respects to Elders past and present.

Contents

Our impact

The Benevolent Society is proud to present *Our impact*. This is the first time we have brought together our data, our client experience, and our impact into one document.

By understanding and measuring the changes that people and families see in their lives because of our support, we can see how we are delivering on our purpose.

We all face challenges at different times in our lives, and we understand what it's like to draw on our support networks to help us tackle those challenges. However, not everyone has the same resources available to them. At Benevolent, we see that in some communities more than others, people simply aren't getting the help they need, when they need it.

- **Necessary** services are fragmented and inaccessible,
- **Communities** are under-resourced, marginalised and disconnected, and
- **Powerful** systems are inequitable and hard to change.

Often these barriers intersect, creating localised, entrenched and intergenerational disadvantage.

Benevolent works within and alongside communities to help break down barriers to thriving and promote social justice.

We work across three levels:

- **Supporting individuals and families** through transitions and challenges across all stages of life by delivering a suite of integrated universal, targeted, and specialist services.
- **Collaborating with community initiatives** to strengthen and connect communities by centring community voice and cultivating trust, collaboration, and local innovation.
- **Driving systems change** to create effective and equitable social and economic systems where those most marginalised have voice and power.

We are investing in impact measurement so that we can develop a deeper understanding of our impact and outcomes and, over time, build a richer story of the difference we are making in the lives of people and communities.

In *Our impact* we are sharing a snapshot of the numbers and stories that show how Benevolent is delivering real and positive social change. It shows the breadth of our activities and our wide reach into communities across Australia, including in regional and remote areas. It is exciting to see how many lives we touch, and it is also a reminder of the great responsibility that comes with our work.

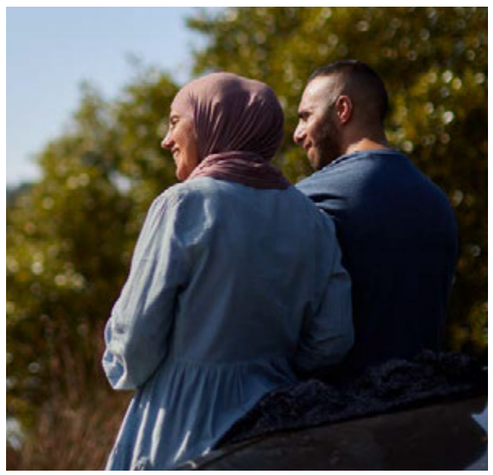
Our reach in 2023-24

Child, Youth & Family

- 54,325 adults, children and young people
- 41 programs

"The biggest change is being surrounded by people in a similar situation to me. Talking with other families and the teams makes me feel connected here. And I think my child benefits from it too."

Parent, Gracemere and Mount Morgan



Support Teams

Our telephone support teams connect people to local support when and where they need it. This year we had:

- 136,448 National Support Centre calls
- 36,861 Disability Gateway calls
- 3,550 Thalidomide Support Service calls

"The biggest change has been my patience with services and any organisation. I never used to trust services before because of my childhood, but you have helped me work with services again."

Client, Melrose Park

Aged Care, Disability & Carers

- 2,004 older people
- 5,019 people with disability
- 14,086 carers through Carer Gateway

"I was very happy with the way they understood and appreciated what I was going through; it was really very humane and understanding."

Aged Care client

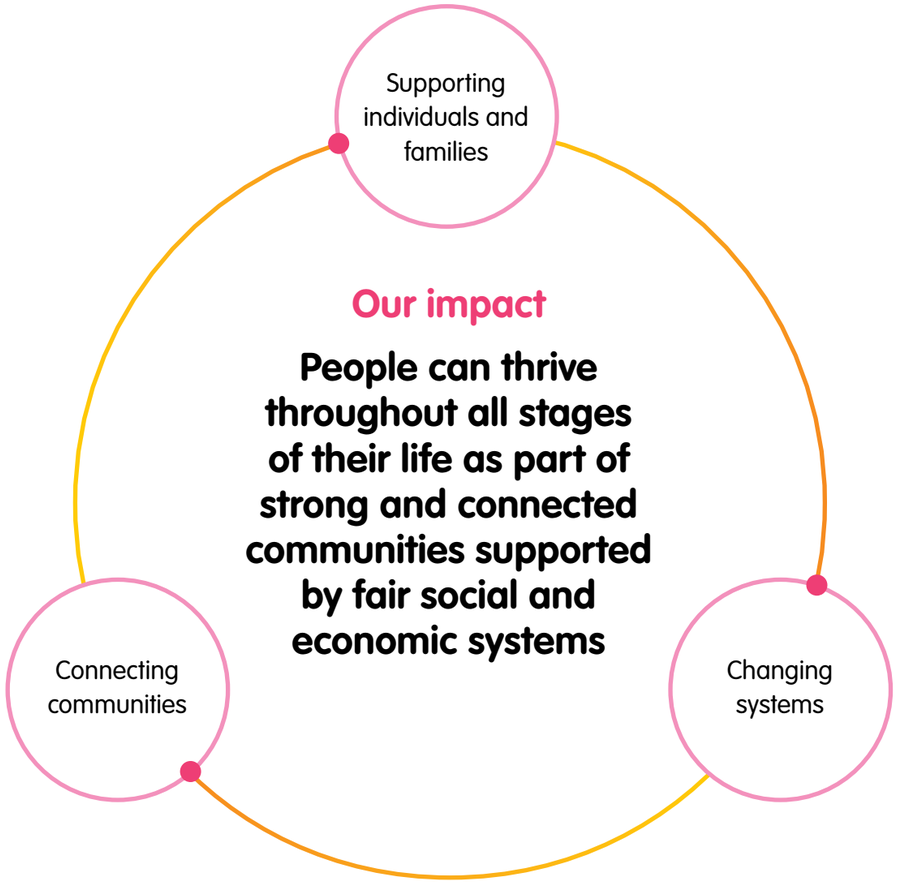
Client experience

- 87% Customer Satisfaction Score
- 2 in 3 clients would recommend Benevolent to a friend or family member
- 81% of surveyed clients reported that they were better able to deal with the issues they sought help with because of Benevolent's support
- 90% of surveyed clients reported that we listened to them and understood their issues
- 89% of surveyed clients felt valued, respected, and safe with the service

"They are a wonderful organisation that truly has their client's best interests as a focus, and as a carer, that also means they have my best interests front of mind."

Parent, Disability Services client

Measuring our impact



Enablers of impact

- Strong stakeholder relationships built on deep listening, respect, and trust
- Ways of engaging that are inclusive and culturally relevant
- The voice of lived/living experience is centred
- A commitment to promoting self-determination
- Outcomes data and knowledge gained from lived/living experiences are used to learn, improve and innovate

"I've appreciated the support we've been able to access and social interaction not only for my children but for myself. Meeting other parents who are going through similar things has been beyond beneficial."

Parent, Cairns

Supporting families through the early years

97% of parents said their connection to their child improved.

Our Early Years Centres support 15,000 families each year through the early years.

They provide a range of services, from universal playgroups and early childhood education to targeted support such as parent capacity building and support with child development and specialised family preservation and restoration services.

Outcomes for children and families

- **95% of parents said that the service improved their confidence as a parent.**

Early Years Centres work with families so they have opportunities to get support early before they reach crisis point.

"No matter what challenges came up, my worker was patient and redirected me back on track. We consistently, together with my workers' encouragement, chipped away at our goals and achieved a lot in terms of stability for our family. My worker has been wonderful in helping us through this hard stage of our lives, and my kids and I will be forever grateful."

Parent, Gold Coast

Change at the community level

We partner with government and community organisations to define the outcomes and partnership model for each hub.

This allows us to connect with the unique strengths, needs and aspirations of the local community. Through a network of partnerships, the hubs provide families with timely, wrap-around support, in their local community.

In 2024:

- **89% of parents said they were able to make friends with other parents.**
- **1 in 3 parents had been connected to additional supports, such as child health, mental health, and family relationships services.**

Changing the system

The broader systems that support or prevent families from thriving are complex. Benevolent's research with families engaging with Early Year Centres found increases in child safety, family wellbeing, and social connection. A breakeven analysis concluded that it only takes one child in a cohort to 'do well' for the benefits to exceed the program costs. As a result, there was a predicted reduction in children leaving school early, as well as a reduction in unemployment and associated social costs.

Knowing the impact of the Early Years Centre model, we are advocating for the expansion of this model in Queensland and beyond. Providing local, relevant support that is accessible to everyone results in children and families who are healthier, safer, closer to achieving their goals, better connected, with a greater sense of agency, and better positioned to thrive throughout their lives.

Helping parents get In Sync with their children with disabilities

Improvement in 80% of children's goals after 6 months.

The Benevolent Society's In Sync program recognises that a child's greatest asset is their relationship with their parents/caregivers. They are also more receptive to therapy that involves play and other positive interactions.

Through our work with children with disabilities and their families in the Early Supports Program, we could see that the therapies we were providing were more effective when supported by a parent's relationship with their child. To test this hypothesis, we took a research and development approach and developed a pioneering new intervention, In Sync. The program aims to strengthen parents' responsiveness to their child's unique cues so they can interact with them in ways that support their development.

- **70% of parents improved their understanding of their child's experience.**

"Having someone walk alongside our child and us as a family while we tried to navigate the challenges was so much appreciated, and we are very grateful for all the help."

In Sync helps children reach their goals by providing parents and caregivers with simple techniques they can implement within their home and existing routines, which can make a positive difference to a child's development between sessions.

"We found the program very beneficial and saw large growth in our child's speech. The program was made easy to complete at home in between sessions."

The In Sync Program can:

- Build a child's vocabulary
- Manage behaviour or sensory challenges
- Help parents to recognise cues and support with achieving developmental milestones
- Ensure positive connections are maintained
- Easily fit into existing family routines

Benevolent Society's In Sync has launched in New South Wales and South Australia with the potential to expand to other locations.

Case study: Meet Quinn

Children like six-year-old Quinn and his family are reaping the benefits of the In Sync program.

Quinn's interactions with both his peers and family members have improved in 'leaps and bounds' since the family started the program.

"[He is] able to emotionally regulate himself rather than needing one-on-one support," his mother Jill says.

Benevolent speech pathologist Carly, who visits their home fortnightly, has also seen great progress.

"When I first met Quinn, he was quite shy," she says. "He was also very rigid in his play ideas, and if I tried to modify that, he would get very upset. Now, he is creating these play ideas where Mum can become involved. That has been incredible to see. There's been a lot of change in his confidence as well, engaging in play when using his own ideas."

The In Sync program supports children, and their parents/caregivers through understanding the unique ways the child communicates and interacts with the world they live in.

Carly actively involves Jill in all sessions, imparting useful strategies and techniques she can integrate into the family's daily routine. She ensures Jill feels supported at home to carry out the program, providing her with resources and encouragement.

"I know at the other end of the phone, an email, Carly is there to support us, not just on most session days," Jill says. "It's just really great having that support person."

Quinn
In Sync program

"I have learned how to manage and deal with my child's behaviour and new tips for being a better parent. Over the last few months, all my children's medical assessments have been completed and they all received diagnoses. I am now able to sort out their medical appointments by myself. My child's speech assessment and therapy sessions are all completed. He is now enrolled in a primary school and assessed as school-ready. I can manage my children's school routine better. I am more organised. Child Safety is now closing our case. I see it as a recognition of our achievements. I have addressed my mental health and have been engaging with counselling."

Parent, Gold Coast

Keeping children safe with their families

94% of clients felt valued, respected, and safe.

Our Family Preservation services work to reduce the risk of children and young people entering out-of-home care.

Our staff works with families and caregivers to promote positive changes and create safe and nurturing environments for children. This includes providing case management, evidence-based therapeutic work, and a range of family, parent, and child-focused support aimed at keeping families safely together.

Built on Benevolent's award-winning Resilient Families model, our Family Preservation services deliver life-changing outcomes for families. Family Preservation at Benevolent was the subject of the first Social Benefit Bond to mature in Australia in 2018.

Outcomes for children and families

Between the start and end of their engagement with us, parents and caregivers experienced increased well-being, increased satisfaction with future security, and decreased psychological distress. As a result of this program, children are safer, and family well-being is improved, disrupting intergenerational cycles of disadvantage.

In 2024, we saw:

- **14 point average increase in parents' self-rated wellbeing, bringing them up to the Australian population average**
- **6 point average decrease in parents' mental distress, bringing them into ranges considered to be well**

Change at the community level

Successful family preservation is often the result of services collaborating to empower families to access required support. Financial safety nets, safe housing, effective police responses to domestic and family violence, health and mental health services, and supportive educational systems are all key components. When families no longer need our support, they tell us they are better connected and can access the support they need in the future.

"I feel better equipped with the knowledge/ power to stand up for myself and the kids. I've seen a huge change in myself and am so happy I don't get as angry now. Also, I think I'm better at asking for help - especially from services."

Changing the system

In 2024, the NSW Government worked to redesign its funded Family Preservation services. In our May 2024 response to the NSW Government's Discussion Paper, Benevolent advocated for an increase in early and enduring support targeted to those at risk of harm or hardship, removing barriers to early engagement with support services, improving collaboration between the Department, service providers, and families, and sustained investment in First Nations-led family preservation services.

Our impact

"For me, the most important change has been watching my child become more independent, getting more confidence in himself. The behavioural support person stops him from getting so angry, learning how to deal with his emotions. A terrific change."

Parent, Disability Services client

"Counselling has been a really important way for me to get clarity on what I want for my life, improve my self-worth and trust in my own decisions."

Client

"Each of the people I have worked with have been so helpful and compassionate and understanding."

Aged Care client

"They have been efficient and prompt in getting back to us and getting things done; they had a clear understanding of what was required. The NDIS had been trying to cut our funding, but they could put in their report showing exactly what we need and why and how we need it, to the level that the NDIS was satisfied."

Disability services client

Centre for Women's, Children's and Family Health

94% of clients were satisfied with the services provided by the Centre.

The Centre provides a safe and accessible space where women can access services and support during times of crisis and recovery.

The Centre provides crisis intervention, counselling, family therapy, case management, therapeutic childcare, and community education. Located in Campbelltown, Sydney, the Centre promotes women's health, wellbeing, and healing. Depending on the individual situation, women may be provided with financial support, including living expenses, and connection with accommodation providers.

The Centre is fortunate to have the support of major donors, which extends government funded services to more people.

Outcomes for women and children

Eight in 10 women who attend the Centre have experienced family violence.

Through engaging with the range of supports available at the Centre, tailored to their specific needs, women and children are healthier, safer, closer to achieving their goals, and better connected. As their life circumstances improve, women have the confidence to navigate challenges and times of transition.

In 2024, we saw:

- **25% increase in women's self-rated satisfaction with their connection to their community after a few months of receiving services**
- **22% increase in women's satisfaction with what they're achieving in life after a few months of receiving services**

"I have more clarity and make decisions that serve me, ending toxic relationships and putting an end to being used and abused by people. It's given me the courage to end things, which has been positive." Client of the Centre for Women's, Children's and Family Health.

Change at the community level

The Centre works with a network of partners to provide access to support, including antenatal and paediatric health, perinatal support, pro bono legal advice, alternative and tertiary education pathways, court support, and health and wellbeing support. Partners include the local council, NSW Health, NSW Department of Communities and Justice, the local Public Health Network, local schools, community housing, multicultural, and family support services.

Changing the system

The Centre is part of the Safe & Together™ global network of domestic abuse-informed professionals, agencies, and communities trained in and applying, the Safe & Together Model™. The Model is aimed at keeping children safe and with the protective parent, holding parents who perpetrate violence accountable, and using data and documentation to influence systems change. In 2024, the Centre's Manager, Roweena Moffatt, was recognised by Safe & Together™ with an Excellence in Systems Change Award, which recognises professionals who have gone the extra step in applying the Model concepts and tools to organisational and systems change.

Ageing, Disability & Carer Support

91% of older people and carers felt valued, respected, and safe in our services.

Benevolent provides individualised, flexible support for older people, people with disability, and carers. This includes in-home and community-based assistance with day-to-day living and activities, allied health therapies and behaviour support, and help navigating the service system's complexities. Benevolent is also part of a network of organisations delivering Care Finder Services, which provides older people with free, specialised support to find, access, or change their aged care services.

Outcomes for individuals and their families

In 2024, we saw:

- **86% of disability services clients surveyed said we listened to them and understood their issues**
- **84% of older people and carers and 81% of disability clients felt supported to achieve their goals**
- **4 in 5 ageing, carers, and disability clients were better able to deal with the issues they sought help with**

Case Study: Meet Tad

After losing his job in Australia, Tad lived in Thailand. But life was hard for Tad, and he returned to Australia with severe trauma and mental health challenges. He was malnourished, had reduced mobility, and the once jovial man had become reserved and quiet.

"When I returned to Australia, I was lived in a caravan park. One day I just collapsed, and it was then I knew, I couldn't live like that anymore."

Tad's Care Connector at Benevolent first ensured Tad had the basics - housing, clothing, furniture. She arranged an Aged Care Assessment, and when Tad decided he wanted to settle in Tamworth, she put him in touch with a Benevolent Care Connector in the local area. A package of support was arranged, including help around the house and social support from a Thai-speaking worker.

Over the last 12 months, Tad has made tremendous progress with his mobility and mental health and regained the confidence to continue pursuing his musical passions. "My support worker challenged me to resume playing the guitar, and I feel motivated to play again".

With his friendly smile and disposition, Tad has made friends locally and is a much-loved Tamworth treasure.

"I lie down at night; I've got a roof over my head, clothes on, and the support from The Benevolent Society, who have made it so easy – it's wonderful.

Tad
Client

Change at the community level

Benevolent's staff have deep local knowledge and strong relationships with service providers across the human services sector. This means they can provide tailored client support that is responsive to each person's strengths, circumstances, and goals.

Changing the system

In 2024, we advocated for robust, effective, and equitable NDIS and Aged Care systems, making submissions to the NDIS Pricing and Payments review, the NDIS Review, and consultations on the reformed aged care system. In collaboration with other not-for-profits, and as a member of the Ability Roundtable, Benevolent advocated for an urgent increase in therapy prices to ensure the sector can continue to support people with disability with high-quality services.

Increasing digital inclusion for greater impact

Nearly 1 in 10 Australians are highly digitally excluded.

Older people, people with lower incomes, people with less education, and people in rural areas are most at risk. We see this in our services, with clients across our programs not having adequate access to the equipment or skills needed to participate fully online.

In 2024, we partnered with the not-for-profit organisation WorkVentures on a pilot program to improve digital inclusion for our clients. Starting with our disability services programs, we provided laptops, an internet connection, and digital capability training to 60 people.

In follow-up phone surveys with a sample of participants, we found significant changes in people's confidence and capability.

- **100% reported increased confidence in engaging socially online**
- **91% increased their knowledge of basic internet skills, such as search, email, and accessing entertainment**
- **82% increased their ability to access online services, such as government services or online grocery shopping**

The program's excellence was recognised in September 2024 with a Digital Innovation Award at the Third Sector News Awards. Following the successful pilot, the program is being expanded across Benevolent locations.

Case study: Meet Oliver

South Australian mother Danielle says the Digital Inclusion Program has been beneficial for her three-year-old son, Oliver, who was diagnosed with global developmental delay.

"We watch many educational videos together on the laptop," she says. "He is learning to associate numbers with counting, and it has helped him engage with imaginative play as well."

Danielle has already noticed positive impacts on Oliver's development and sees the opportunities it will bring when he starts school.

"Technology is a fantastic way to keep kids in touch with people in cities. A lot of kids, like Oliver, don't live close to their local school. Having this laptop will give Oliver the access to school resources he will need when that time comes."

Danielle
Digital Inclusion Program

"The services have been well beyond our expectations. Excellent people. I don't think we can have any better in terms of their approach."

Disability Services client

Fundraising and philanthropy

At The Benevolent Society, we provide tangible value to people and communities across Australia.

Our programs and services get results. That's why the support we receive through personal donations, impact investing, philanthropy, corporate support, and gifts in wills creates real change.

Generous donations have helped us to achieve some of the great things highlighted in this report, including:

- The expansion of our pioneering relationship-focused approach model – In Sync – supports young children who have missed key development milestones to strengthen relationships with their caregivers through play and positive interactions.
- The delivery of our Digital Inclusion Program bridges the digital divide, giving vulnerable families affordable access to everyday online services including government, financial, education, and health. Building digital literacy skills means better community participation.
- Supporting our Women and Children's Centre in Campbelltown, which provides counselling and intensive case management for women experiencing or fleeing domestic and family violence.

Bequests

When you choose to leave a gift in your will to The Benevolent Society, you are choosing to leave a lasting legacy that has an impact for generations to come.

To learn more about the types of services, programs, and initiatives your generous gift supports, email donorcare@benevolent.org.au

Make a donation

At The Benevolent Society, we believe it's possible to create a just society where everyone has the support they need to thrive and live on their own terms.

Your support ensures we are there for anyone who needs us. You can join us in making a difference in the lives of women, children, families, people with disability, and older people across Australia. For more information, visit www.benevolent.org.au/donate

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