

**MISSION
AUSTRALIA**

Submission

Response to the Inquiry
into the Thriving Kids
initiative

October 2025

CONTENTS

- INTRODUCTION3
- KEY FOCUS AREAS3
 - 1. Implementation matters.....4
 - Strengthen and integrate community, health and education systems and services 4
 - Respect, empower and build on existing place-based services and partnerships 4
 - Embed collaborative commissioning practices aligned to an outcomes focus 8
 - 2. Participant involvement matters.....9
 - Adopt a child-centred lens and relational practices 9
 - Co-design with children and families..... 9
 - 3. Equity and inclusion matters.....10
 - Account for families’ range of resources and capacities 10
 - Ensure accessible, flexible and culturally appropriate service options 10
 - 4. Workforce matters12
 - Address shortages in Allied Health, early education and care services, schools and the care sector 12
 - Explore opportunities for peer workers and families to assist service delivery 13
- APPENDIX – Our child and family services14



INTRODUCTION

Mission Australia’s response to the Inquiry is based on our experience across Australia in delivering a range of programs funded by the Federal Government. This includes Early Childhood NDIS Partner in the Community (PITC) services, Communities for Children (CfC) Facilitating Partners and Family Mental Health Support Services (FMHSS), in addition to state-funded programs that support children and link them to appropriate services (see **Appendix** for a full list of our 59 child and family services). This broad service portfolio gives us an extensive experience and deep understanding of the needs of children and families—including those with mild to moderate developmental delay and/or autism who may be transitioning to the Thriving Kids initiative.

We welcome the policy intent of the Thriving Kids initiative as it aligns with the NDIS Review recommendations, particularly around early intervention and mainstream service integration. It is important that, as a national initiative, it strives for consistency and equity in its implementation and delivery. As part of The Possibility Partnership – a collaboration of some of Australia’s leading community service organisations, who work with families in need - we also stand ready with key stakeholders, which importantly includes children and families, to make this initiative successful.

KEY FOCUS AREAS

Drawing on our service expertise and in consideration of the Inquiry’s terms of reference, we urge the Committee’s attention to four focus areas that we believe will be critical to the success of Thriving Kids.

<h3>1. Implementation matters</h3> <ul style="list-style-type: none">➤ Strengthen and integrate community, health and education systems and services.➤ Respect, empower and build on existing place-based services and partnerships.➤ Embed collaborative commissioning practices aligned to an outcomes focus.	<h3>2. Participant involvement matters</h3> <ul style="list-style-type: none">➤ Adopt a child-centred lens.➤ Co-design with children and families.
<h3>3. Equity and inclusion matters</h3> <ul style="list-style-type: none">➤ Account for families’ range of resources and capacities.➤ Ensure accessible, flexible and culturally appropriate service options.	<h3>4. Workforce matters</h3> <ul style="list-style-type: none">➤ Address worker shortages in Allied Health, early education and care services, schools and the care sector.➤ Explore opportunities for peer workers and families to assist service delivery.

1. Implementation matters

Strengthen and integrate community, health and education systems and services

Australia has a complex and multi-layered system of funding, regulation and policy development involving a wide range of government and non-government stakeholders supporting children and their families. Integrating the Thriving Kids initiative with existing community, health and education infrastructure is crucial, but the current service system needs to be prepared for such integration. A core part of this work and a test of successful integration will be ensuring that regardless of where children and families enter these systems, that at their touch point, whether it's an organisation, health facility, early education and care service or playgroup, a support worker will be trained and able to help them find what they need.

Prior to the introduction of the NDIS, early intervention services had soft entry points including multiple supported playgroups and non-government early childhood intervention programs, community-based pop ups and supports for parents, all of which provided options to the community free of charge. These are no longer widely available, with most services having shifted to require children to have a NDIS Plan to access their service due to limited funding flexibility in contracts.

In the post-NDIS landscape, States and Territories will need to identify required services and gaps in coverage, to meet the needs of participant numbers accessing Thriving Kids across the healthcare boundaries of respective governments (e.g. Local Health Networks in SA and Local Health Districts in NSW). Sufficient funding and resources will then need to be allocated following this process to make sure participants have available and timely access to supports they need close to their home.

There is also the requirement to ensure services are resourced to operate according to best practice in early childhood intervention. The Department of Social Services has released a new framework for early childhood intervention to more effectively support practitioners and families. The framework should be promoted and mandated widely.

Respect, empower and build on existing place-based services and partnerships

In response to the Inquiry's terms of reference, and while acknowledging the changed post-NDIS service landscape, there are initiatives and programs which act as robust touch points for families and children to be supported to access the right services for them. However, they may need to be thoughtfully joined up and have their capacity and/or capability increased. Authority and budget autonomy should be devolved to local communities to make decisions on how this works best for them.

Table 1: Illustrative of the services available for children and families in certain geographies

Community	Health	Education (early years to secondary)
<p>Mainstream amenities:</p> <ul style="list-style-type: none"> - Libraries <p>Federal:</p> <ul style="list-style-type: none"> - Communities for Children - Family Mental health Support Services <p>Jurisdiction dependent:</p> <ul style="list-style-type: none"> - Targeted Earlier Intervention program (NSW) - Families as First Teachers (NT) 	<p>Universal/targeted services:</p> <ul style="list-style-type: none"> - Perinatal care - Child’s Personal Health Record/Blue Book given to all new parents - Home visit maternal nurse programs - Maternal nurse/ Paediatrician/Family GP - Healthy Start for School Check 	<ul style="list-style-type: none"> - Pre-schools and Early Childhood Education and Care Centres - Wellbeing units in schools - School counsellors/ social workers
Joined up initiatives (e.g. multidisciplinary, co-located, mobile, community practice, etc.)		
<ul style="list-style-type: none"> - NSW Health and Wellbeing Hubs <ul style="list-style-type: none"> o Coordinated interagency approach with shared responsibilities and resources; co-located on NSW public school sites. - Tasmanian Child and Family Learning Centres <ul style="list-style-type: none"> o Partner with families and communities to improve the health, wellbeing and learning of children from pregnancy to five years. - Child and family centres (NT) <ul style="list-style-type: none"> o Support children and their families from pre-birth to age 5. Child and family centres are a single point of contact for families to access a variety of services. - Child & Family Alliance WA <ul style="list-style-type: none"> o Organisations and individuals committed to child wellbeing, early intervention, and the provision of quality out of home care services for children and families in Western Australia. - Children’s Health and Wellbeing Locals (VIC) <ul style="list-style-type: none"> o Support children aged zero to 11 years of age who may be experiencing developmental, emotional, relational and behavioural challenges, while also providing support to their families and carers. - Southern Early Childhood and Family Services (SA) <ul style="list-style-type: none"> o Often the first point of referral for young children and their families when there are concerns regarding their development. Services work with and support families to link with other specialist and community services. 		

Collaborative partnerships to share and build resources, capability and capacity

Larger organisations such as Mission Australia play a role in collaborating with other local community organisations, such as Aboriginal Community Controlled Organisations (ACCOs) and Disability Representative Organisations (DROs), who have strong links with their communities but may lack the resources, capability, and capacity to meet increasing requirements to deliver government funded services. Funders need to cover the actual costs of delivering quality services that make a positive impact, including ensuring collaborative partnerships to bridge the gaps. Collaborative partnerships help make the preferencing of small and medium-sized organisations—including ACCOs and DROs—more attractive, while also supporting the delivery of high-quality outcomes for service users and building confidence in meeting funder contracting requirements. Collaboration must extend to all parties within

the disability ecosystem, including children with disability and their families and carers, government agencies, community service organisations, and other specialist providers. Involvement of children and families should be an integral part of all commissioning, service design, implementation and evaluation processes as further noted in this submission.

Case study - STARS for Kids

STARS (Strengths-Based Tiered Access to Resources and Supports) for Kids program aims to identify, link, and navigate families to the right services at the right place and time. Funded through the Medical Research Future Fund, the Australian Research Council, and the Centre for Research Excellence, the project is working to co-design and evaluate a blended service delivery framework to identify and support child development, parental mental health and psycho-social needs among parents/carers of children 6 months to 3 years, across three Hub locations. Mission Australia is an investigative partner in the research, through Mid Coast 4 Kids and as the integration of CfC funded programs and services.

The STARS tiered care program comprises:

- Universal access to early detection using the innovative technology of Watch Me Grow- Electronic (WMG-E) platform
- Additional support with awareness, health literacy resources, sign posting and 'light touch' parenting programs and digital services (Tier 1)
- Targeted services when specific issues are identified (Tier 2) • Specialised interventions and complex psychosocial supports service navigator supports (Tier 3) using a proportionate universalism (universal services plus targeted supports commensurate with needs) framework.

Building on the CfC program as a model of place-based, cross-sector partnership

Opportunities for enhancing collaboration and taking a deeper place-based approach to integrating early childhood interventions are illustrated by the CfC program.

CfC supports children and families in 52 disadvantaged communities across Australia. The program takes a whole-of community approach and focuses on providing services for early childhood development and wellbeing for children. In each of the 52 communities a Facilitating Partner organisation works with other Community Partners to provide targeted and relevant services in their area. It is an example of a program in which a diverse array of stakeholders collaborate to support children in the local community.

Numerous Federal, State and Territory government agencies, local councils, philanthropy and others are currently funding a multitude of disparate children and family programs and initiatives, with significant variance across locations. These are not formally coordinated, placing the onus on local communities and service providers to do this informally and without adequate funding.

Where CfC sites co-exist with other child-focused place-based initiatives, such as Connected Beginnings, Empowered Communities or some Stronger Places, Stronger People sites, the local CfC could support service system integration and resource alignment across programs and initiatives in those places. This currently works in numerous CfC places, whilst other CfC sites can be supported in their maturity journey to expand their confidence and capability in undertaking this function.

Investigate the potential for enhancing other existing programs already embedded in community

A diverse portfolio of child and family services are already embedded in local communities and demonstrate strong collaborative practice. These include FMHSS, Integrated Family Support Services (IFSS), and Early Childhood Early Intervention (ECEI) through the NDIS Partner in the Community model. Many of these programs operate in partnership with local health, education, and community organisations, and are designed to be responsive to local needs. For example, FMHSS sites offer early mental health support in collaboration with local GPs, schools and youth services. These existing programs provide a strong foundation for delivering Thriving Kids nationally, and with appropriate investment and alignment, could be scaled to support consistent, integrated service ecosystems across Australia.

Case study: Warren paediatric care

For the last 14 months, Little Wings has been working directly with the community of Warren, Central Western NSW as part of a team determined to create a sustainable paediatric clinic to address the growing waiting lists for local children with serious physical and psychological concerns. Mission Australia co-locates at the clinic as a soft entry approach to referrals into early childhood and/or family services within the area.

Before 2025, the last paediatrician visited the region in 2017, and with the closest local hospital at capacity, nearly 50 children have been waiting in desperate need of a diagnosis and treatment.

The Little Wings program is helping to bring essential healthcare services to the regions and ensure the voices of regional families are heard and actioned. February saw the first monthly clinic for Warren, which is a program that is currently set to run for 12 months in hope of addressing the local medical needs for children and families.

The Warren Royal Flying Doctors Service Clinic have also joined this initiative, inviting services to work collaboratively and empowering the families to spearhead their own journey. This has supported Mission Australia and other services to work closely with families, building connections and the capacity of the local children and families.

Embed collaborative commissioning practices aligned to an outcomes focus

Current commissioning of human services is not as efficient or effective as it could be. Achieving the best possible outcomes for Thriving Kids requires a strong understanding of need that is informed by government, service providers and lived experience. Often underappreciated and inadequately accounted for is the time that is required to build relationships that will support the development of mutual goals based on a shared understanding of what is to be addressed. To help with this, we list the following elements that should be embedded in collaborative commissioning processes:

- Involving people and communities with living/lived experience, to improve program design and delivery and achieve First Nations self-determination goals.
- Aligning contract periods with the time taken to achieve the goal, to increase certainty about program achievements and stabilise the human services workforce.
- A clear view on the evidence of what works, to underpin an evidence-based outcomes framework that is person-centred and demonstrates real outcomes.
- Procurement processes that encourage and resource collaboration between not-for-profit providers.
- Robust monitoring and evaluation (where appropriate) to track progress and feed into continuous improvement.

Formal Relational Contracting

Any moves to collaborative commissioning should make sure the ability for collaboration is not unintentionally undermined following the signing of contracts. The ‘need’ being addressed may change over time, as may the most effective way to meet it. Standard transactional contracts do not accommodate this flexibility. Typically, contracted services often face significant constraints—both bureaucratic and structural—that limit their ability to adapt or innovate in response to changing circumstances on the ground, including unexpected events such as natural disasters that shift community needs.

Formal Relational Contracting offers an alternative approach. It is designed to overcome these limitations as it:

“...specifies mutual goals and establishes governance structures to keep the parties’ expectations and interests aligned over the long term. Designed from the outset to foster trust and collaboration, this legally enforceable contract is especially useful for highly complex relationships in which it is impossible to predict every what-if scenario.”^a

This type of contracting has been recommended in the NDIS Review and should be adopted for Thriving Kids. It is also a key consideration of the Productivity Commission in its Quality Care Sector inquiry. We encourage the Committee to review the following paper by Professor Mark Considine AM for the merits

^a 16 Frydlinger, D., Hart, O., & Vitasek, K. (2019). A new approach to contracts. Harvard Business Review Magazine, September-October 2019, <https://hbr.org/2019/09/a-new-approach-to-contracts>.

of adopting this approach in complex human services such as disability and early intervention: [Formal Relational Contracts and the Commissioning of Complex Public Services](#).

2. Participant involvement matters

Adopt a child-centred lens and relational practices

Child-centred and relational practice is foundational to creating safe, responsive, and effective support systems for children and families. Within the CfC initiative in Taree, this approach has been exemplified through the Communication Support for Kids Program, which prioritises children's safety and emotional wellbeing while fostering meaningful relationships with families. Delivered in partnership with the University of Newcastle and embedded in the Little Explorers Playgroup at the First Steps Count Child and Family Hub, the program integrates speech pathology student placements, audiology assessments, and early intervention referrals from within a universal playgroup. This model demonstrates how relational engagement in informal settings can reduce barriers to access, particularly in rural areas where allied health services are limited. By considering a child's unique developmental needs and embedding support within trusted community environments, the program has enhanced family engagement and created conditions for sustained change. This integrated, child-focused approach offers valuable insights for broader system reform and aligns closely with the objectives of initiatives like Thriving Kids.^b

Table 2: Best practice resources

Tools and resources	
-	World Health Organisation: Nurturing Care Framework for Early Childhood development
-	NDIS Early Childhood Approach, Foundational Supports (2024 Consultation)
-	National Best Practice Framework for Early Childhood Intervention
-	National Children's Mental Health and Wellbeing Strategy
-	Safe and Supported: the National Framework for Protecting Australia's Children 2021 – 2031

Co-design with children and families

Co-design with children with disability, their families and carers should be a vital part of developing policies, systems and processes that will affect people with disability. As mentioned above, inclusion in commissioning practices is one of the key areas where this must take place. It is very important that people with intellectual disability and cognitive impairment are included within any co-design processes. This point was made clearly in the 2024 NDIS Review and we further emphasise it here.

The importance of lived experience being sought and valued in a meaningful and ongoing way will be critical to the success of Thriving kids. Without family engagement you will not get buy-in and families will continue to view and use NDIS access as the best option for support.

^b Program presented at the [International Society on Early Intervention in Portugal](#)

3. Equity and inclusion matters

Account for families' range of resources and capacities

A diverse range of families will require accessible and effective pathways into Thriving Kids. For example, the Inquiry's terms of reference sought to identify existing tools and resources for families to recognise whether their child has a mild to moderate development delay. However, we note that while these tools are valuable, they may still require additional assistance to be used effectively—such as support from, or guidance by, a skilled practitioner.

We stress that Thriving Kids should not make assumptions about the 'baseline' capacity of parents to be able to find, understand and utilise educational or diagnostic materials. Instead, greater emphasis should be on promotion and connection points to strongly integrated community, health and education systems, as discussed above. This means being visible to families where they are (hospital, day care, school, GP's office, etc.) and accessible in ways they understand, and with options (e.g. mobile apps, translated material) appropriate to their situation.

For example, in our NDIS Early Childhood Partner in the Community (PiTC) programs we use a combination of parent reporting, eco maps, ages and stages, routine-based conversations, observations and natural environment visits to holistically identify any concerns or developmental delays. It is important in ages 0-9 years to see the child individually but also in the larger context of the family.

Ensure accessible, flexible and culturally appropriate service options

Many of the issues that people and communities face in accessing a range of services will need to be addressed, not just for targeted early intervention services for children. Thriving Kids will rely on these systems (community, health, education) functioning well and being appropriately resourced to be successful. Some of the specific widespread issues which need to be overcome include:

- **Wait times:** Directly reflecting the changes brought about by the introduction of the NDIS, as noted above, there are now comparatively fewer early intervention services available. Existing services are therefore oversubscribed, with extremely long wait times.
- **Cost, especially for low-income families:** While parents with financial resources may be able to access private services, the cost of services for parents with limited financial capacity is a huge barrier. For vulnerable families, paying for housing, food and other basic needs take priority and children's assessment and therapies can often be delayed.
- **Limited opening hours:** Opening hours often restrict accessibility. Many services are only available during office hours, restricting the capacity of working parents or families with varying

Table 3: Examples of tools and resources to identify developmental delay

Tools and resources
- App: Milestone Tracker Apps for ages 2 months–5 years
- Questionnaire: Ages & Stages Questionnaires
- Website: raisingchildren.net.au (educational, non-commercial website funded by the Australian Government and reviewed by experts)
- Licensed tools: Parents' Evaluations of Developmental Status-Revised (PEDS-R®)

schedules to access them. One attempt to address this barrier is described in the case study in Appendix A on the Relax Kids program.

- **Transport:** In outer metropolitan areas, the public transport system can often be inefficient. For families without a car, where services are not located within walking distance, needing to navigate public transport can add time and cost that puts those services out of reach of many families. Travel and distance barriers in regional, rural and remote areas are discussed further below.
- **Visa/citizenship status:** Some children and families are excluded from services by virtue of their visa or citizenship status. Children and families who are not permanent residents of Australia may not be eligible to access the NDIS, Medicare, or other services.^c This has a significant impact on children and families from a CALD background and their access to developmental supports.
- **Eligibility criteria for program access:** Current eligibility criteria for some services are based on receiving a formal diagnosis and/or NDIS participant status, which can delay early childhood intervention.

Availability of services in rural, regional and remote areas.

Limited availability of services and supports, geographic distance, and the financial capacity of families to cover associated costs present significant challenge for many communities. The long waiting periods for appointments can result in significantly deteriorating health and wellbeing and may discourage people from seeking help at all.

In some areas, communities rely on medical and allied health professionals who visit intermittently, or who are on short term contracts. This affects continuity of care and requires people to repeatedly rebuild rapport with different professionals. The time and effort spent establishing relationships reduces the resources available for direct support. Embedding Thriving Kids in mainstream community settings can help to address these challenges and build trust and strengthen the capacity of the early childhood sector to identify developmental needs and make appropriate referrals.

It is important to note that while there are challenges to delivering and accessing support, there is remarkable cohesion, resilience, and flexibility within these communities which are strengths that can be used to better identify and support disadvantaged and vulnerable children and families. In some cases, they may serve as informal sources of support in the absence of specialist providers.

^c Victorian Government. Children and young people who are not permanent residents of Australia. Statewide Cultural Engagement Program, Commonwealth Operations, COPL, https://www.cpmanual.vic.gov.au/sites/default/files/documents/202304/Children%20and%20young%20people%20in%20care%20who%20are%20not%20permanent%20residents%20of%20Australia%20-%20Practice%20Advice%202023_0.pdf.

4. Workforce matters

Address shortages in Allied Health, early education and care services, schools and the care sector

Allied Health

There is strong demand for affordable specialist support, including for brief or early intervention. The following actions should be considered as part of essential work to ensure Thriving Kids can meet demand for access to diagnostic services, particularly allied health in regional and remote areas:

- **Rural background students:** Prioritise recruiting students from regional/remote areas (particularly Aboriginal people from local communities) and providing them with training and placements in regional areas.
- **Rural curriculum and placements:** Integrate rural-specific curriculum and placements into training programs.
- **Local training pathways:** Identify and expand successful models of local training and employment pathways.
- **Hub-and-spoke models:** Utilise hub-and-spoke models, where specialists provide remote consultation where there are geographic or workforce challenges, while generalists manage cases locally.
- **Telehealth:** Expansion of the appropriate use of telehealth, particularly in regional and remote areas, where geographic barriers reduce access to allied health services. Ensuring there are links to local support.
- **Group programs:** Implement group programs to improve efficiency and access.
- **Allied health assistants:** Consider the development of pathways for allied health assistants, supported by clear governance frameworks (including referral processes, appropriate role tailoring and supervision arrangements).

Education and care services and schools

By virtue of their sustained interaction with children and young people, early education and care services and schools, are valuable sites for broad population-level identification of mild to moderate developmental delay and/or autism. However, the skills and resources to do this work and the types of staff most appropriate to do so will vary across educational settings and regional labour markets, and may necessitate localised/place-based strategies.

Schools are increasingly being asked to do more outside of their core educational responsibilities, and often without the funding and/or resources for increasing their capacity to respond, upskill or have dedicated personnel at the scale required. Most state governments have in place wellbeing frameworks that can provide a foundation for incorporating Thriving Kids and could be further enhanced by identification of physical and mental health needs through universal screening tools.

Care sector

The care sector needs a large pipeline of skilled workers to meet the demand across a range of service areas, and in particular special educators and social workers to support Thriving Kids. There are many issues that need to be addressed to get to a sustainable future state. The work relies heavily on skilled people in relational practice rather than systems or automation; therefore, education and training opportunities will be critical, and the tertiary education sector must be well funded to support this growth.

Additionally, a focus on retention is critical to make sure the care sector workforce and any initiatives to drive recruitment are sustainable. Many workers are employed in fixed-term or casual positions which makes it an insecure sector to work in and this, coupled with slow wage growth, produces barriers to entry as well as to remaining in the workforce. Jobs in this sector can be enormously rewarding in 'psychic income', but can also be mentally, emotionally and physically tough. The rising demand and unmet need for support services can have a detrimental and accumulative impact on the health and wellbeing of workers and the attractiveness of working in the sector, ultimately negatively affecting service quality.

Explore opportunities for peer workers and families to assist service delivery

The workforce can be boosted by creating more accessible pathways for people with lived or living experience who have developed a vocation for the sector to gain entry. This approach offers an opportunity to increase workforce capacity, by enabling these individuals to assist with aspects of allied health and casework which do not require high technical proficiency. With appropriate support, they can contribute while gaining further training and formal qualifications on the job. However, recruitment processes and service contracts will need to facilitate this by better recognising and assessing sector experience as a valid alternative to tertiary qualifications. Recognition of prior learning and lived experience can serve as a pathway into the workforce, enabling individuals to contribute meaningfully while working towards formal accreditation. This not only broadens the talent pool but also strengthens the sector by valuing diverse perspectives and practical knowledge. A long-term focus on achieving qualifications should be a focus for the sector but is currently not well supported or funded.

For further information on peer workers in the early years space, we encourage the Committee to review materials developed by Plumtree, a not-for-profit, community-based organisation that helps families thrive: [Families as peer workers in early childhood intervention: At a glance](#).

APPENDIX – Our child and family services

We have 59 child and family services across New South Wales, Northern Territory, Queensland, South Australia, Tasmania, Western Australia and Victoria.

SERVICE NAME	CATEGORY
NSW	
Breakfast Clubs - Regional NSW	Early Intervention
Coastal Connections Program	Early Intervention
Mission Australia NDIS Early Childhood Approach - Western & Far West NSW	Early Intervention
Newcastle Community Development Program	Early Intervention
Paint Penrith REaD	Early Intervention
South West Early Childhood Support Service	Early Intervention
Star4Kids Program	Early Intervention
Targeted Earlier Intervention – Safe and Strong Families Blacktown LGA	Early Intervention
Targeted Earlier Intervention – Safe and Strong Families Parkes LGA	Early Intervention
Adolescent and Family Connections	Family Support
Castlereagh Family Support Service (CYFS)	Family Support
Child, Youth and Family Support - Bankstown	Family Support
Child, Youth and Family Support - Broken Hill	Family Support
Child, Youth and Family Support - Campbelltown & Liverpool	Family Support
Dubbo Family Support Service	Family Support
Family Mental Health Support Service (FMHSS) Blacktown	Family Support
Family Preservation Service - Far West	Family Support
Family Preservation Service - Mid North Coast	Family Support
Family Preservation Service - Orana	Family Support
Family Preservation Service - Riverina	Family Support
Family Preservation Service - Shoalhaven	Family Support
Family Preservation Service - Tablelands	Family Support
Grandparents Raising Grandchildren - Nowra	Family Support
Hornsby Waitara Community Hub	Family Support
Integrated Carer Support Service (ICSS)	Family Support
Intensive Family Preservation - Albury & Wagga Wagga	Family Support
Intensive Family Preservation - Barwon	Family Support
Intensive Family Preservation - Broken Hill	Family Support
Intergenerational Playgroup	Family Support
Medicare Mental Health Centre	Family Support
Targeted Earlier Intervention Program - Nepean	Family Support
Targeted Earlier Intervention Program - Riverina	Family Support

Targeted Earlier Intervention Program - Western Sydney	Family Support
Ulladulla Youth Centre	Family Support
NT	
ForWhen (Connect and Care)	Family Support
QLD	
Active Children Thrive	Early Intervention
Assisting Students and Parents Caboolture	Early Intervention
Circles of Care - Inala	Early Intervention
Mission Australia NDIS Early Childhood Approach - Cairns QLD	Early Intervention
The Home Interaction Program for Parents and Youngsters (HIPPY) West Ipswich	Early Intervention
Child and Family Counselling Service	Family Support
Intensive Family Support - Ipswich	Family Support
Intensive Family Support - Moreton Bay	Family Support
Mission Australia Family Support Service	Family Support
TAS	
NDIS Early Childhood Early Intervention - North West TAS	Early Intervention
NDIS Early Childhood Early Intervention - South East TAS	Early Intervention
Parenting Together - Launceston	Early Intervention
Strong Families, Safe Kids Advice and Referral Line	Early Intervention
Community Kinship Program - North West TAS	Family Support
Community Kinship Program - South East TAS	Family Support
Integrated Family Support Service (IFSS) - Chigwell House	Family Support
Integrated Family Support Service (IFSS) - Launceston	Family Support
Integrated Family Support Service (IFSS) - North West	Family Support
Integrated Family Support Service (IFSS) - North West Alliance Partners	Family Support
Integrated Family Support Service (IFSS) - Rosny Park	Family Support
Integrated Family Support Service (IFSS) - Rosny Park Alliance Partners	Family Support
People Staying Connected (PSC)	Family Support
Prevention, Assessment, Support and Treatment Program	Family Support
Targeted Youth Support Service	Family Support
VIC	
Communities for Children (CfC) - Community Partner - FRIENDS Resilience Program East Gippsland	Early Intervention
WA	
Grandparents Raising Grandchildren - Midwest	Family Support
Intensive Family Support Service (IFSS) - Midwest	Family Support
Meekatharra Education Engagement and Attainment Initiatives	Family Support