

# Submission

NSW Inquiry into  
Foundational and Disability  
Supports for Children and  
Young People

## Introduction

Mission Australia welcomes the opportunity to provide input into the NSW Inquiry into Foundational and Disability Supports for Children and Young People.

Mission Australia is a national Christian charity that has been standing alongside Australians in need since 1859. We work to end homelessness, provide housing, assist struggling families and children, address mental health issues, fight substance dependencies, support people with disability and much more. In 2023-24, across Australia we supported over 160,000 people through 477 programs and services across several areas including homelessness, housing, strengthening communities, children and families, youth, employment and disability.

Mission Australia delivers 31 services specifically targeted to supporting children and families in NSW, including Partners in the Community Early Childhood Services, Family Mental Health Support Service, Communities for Children, and the Targeted Earlier Intervention Program. This submission is guided by our service delivery experience across NSW and focuses on children aged 0-9 years and their families, recognising the ongoing need for early childhood intervention.

## Recommendations

The NSW Government should:

- Ensure that foundational supports are part of a disability ecosystem in which there are seamless pathways between mainstream services, foundational supports and the NDIS.
- Ensure that foundational supports are based on the principle of early intervention and are grounded in proven best practices specific to early childhood intervention.
- Ensure that services are inclusive and accessible so that services can meet the needs of all children effectively and all children and families feel welcomed and supported, including by:
  - using universal design principles;
  - including flexible service options such as outside of office hours contact, and telehealth opportunities in regional and remote settings, alongside face-to-face program options.
- Embed foundational supports within mainstream settings and service systems, including via place-based, multi-agency child and family hubs.
- Increase access to diagnostic services, particularly allied health in regional and remote areas, via the actions recommended in our submission under ToR (c).
- Ensure that there is an appropriately trained and supported workforce to deliver foundational supports, at scale.
- Develop a coordinated or joint commissioning process, integrating items listed in our submission, to ensure clear roles, responsibilities and transparent funding flows to support healthy child development across different systems.
- Consult the Best Practice in Early Childhood Intervention Framework once it is published by the University of Melbourne and partners.

## **ToR (a): Role of early childhood intervention in a child's development, health and wellbeing**

While the majority of children and families in Australia are doing well, many experience disadvantage, with a number of key indicators pointing to pockets of high vulnerability. Around 20% of children commence school with at least one area of developmental delay and one out of six children aged 0-14 years are living in poverty.<sup>1</sup> These children have reduced opportunities to reach their full potential in terms of education, employment, health, social and societal participation.

Recent data shows that children have better outcomes in life when they begin early intervention programs as infants or toddlers - the earlier that developmental delays can be identified, the earlier that supports can intervene and assist.<sup>2</sup> The benefits of this work not only flow to the individual but also to the family and broader community by preventing significant loss of productivity and avoidance of accrued costs in later years due to adverse health and wellbeing outcomes requiring greater reliance on expensive late-intervention support.<sup>3</sup>

## **ToR (b): Types and availability of services and supports**

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 foundational supports with existing infrastructure is crucial, but the current service system is not prepared for such integration. While there are exceptions in some local communities, by and large there are no consistent places where mainstream services are located, and existing resources and services do not form a coherent service system that ensure that all children and families get the support they need when they need it. Services are funded and delivered in silos, not in an integrated way that enables them to respond to the needs of families in a holistic way. Addressing this challenge through improved integration and specifically through child and family hub models is discussed in more detail under TOR (e).

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<sup>1</sup> Deloitte Access Economics. 2023. Exploring need and funding models for a national approach to integrated child and family centres. Social Ventures Australia in partnership with the Centre for Community Child Health. Report commissioned by Social Ventures Australia

<sup>2</sup> Maridulu Budyari Gumal, the Sydney Partnership for Health, Education, Research and Enterprise (SPHERE). 2025. *Early life determinants of health* webpage, accessed at <https://www.thesphere.com.au/clinical-themes/early-life-determinants-of-health/>

<sup>3</sup> William Teager, Stacey Fox and Neil Stafford, How Australia can invest early and return more: A new look at the \$15b cost and opportunity. Early Intervention Foundation, The Front Project and CoLab at the Telethon Kids Institute, Australia, 2019. Accessible at: <https://colab.telethonkids.org.au/siteassets/media-docs---colab/coli/how-australia-can-invest-in-children-and-return-more----final-bn-not-embargoed.pdf>

Funded programs that are currently working well include Communities for Children (CfC) and Family Mental Health Support Services (FMHSS) (both funded by the Federal Department of Social Services (DSS)). Mission Australia offers these and other early intervention programs in a number of communities:

- Our Communities for Children (CfC) Blacktown and Targeted Early Intervention (TEI) Nepean/Western Sydney have drop-in services for parents mostly from school hubs where information and referrals can be provided for parents with children that need support. TEI leads the Kites for Kids annual awareness community event for children with delays and disabilities bringing all services who support families together to provide a free community event allowing families to access information, connect to services, to increase their connection to community and to participate in activities designed to engage and build curiosity.
- Kids Gym is an early intervention program run by Western Sydney Local Health District, providing early detection and referrals as well as early intervention for children with developmental delays or disabilities. It also provides social inclusion and other parenting strategies for families. It is funded as a Community Partner through our Blacktown CfC.
- Our FMHSS program in Western Sydney has access to the Western Area Adolescent Team through the Western Sydney Local Health District, and to Headspace. It previously had a partnership with Western Sydney PHN's Access to Allied Psychological Services (ATAPS) program which was a huge benefit to children accessing FMHSS. That service has now ceased, but a replacement service offering similar supports would be of great assistance to locals.
- Our 2168 Communities for Children located in Miller, Western Sydney, are working towards 'Stronger Children' which includes having Ready, Set, Go as a funded Community Partner (under South-West Sydney Local Health District). This program provides early intervention speech pathology services to children in a wholistic manner and aims to reduce barriers in accessing speech pathology services. In addition to this, Ready, Set, Go and Play Matters Australia also deliver an evidence promising Transition to School program aimed at early intervention and prevention for both children and their parents.

These programs provide community-based early intervention support to children and their families and are vital resources for local communities.

### **ToR (c): The role of diagnostic services**

Diagnostics services play a vital role in determining the supports that can be provided to children but there is a crucial shortage across NSW. Appointments with paediatricians and allied health practitioners are needed to get children assessed and diagnosed to access NDIS, early intervention services or therapeutic interventions. However, there is a shortage of these services and very long wait times to gain access to them, a situation which is particularly acute in rural and regional areas of NSW.

Additionally, the most vulnerable families are unable to afford these services, and waiting times for free or bulk billing services are extremely long.

Additionally, the availability of allied health practitioners to undertake assessments is limited in regional and remote areas, and their services are costly.

There is strong demand for affordable specialist support, including for brief or early intervention. The NSW Government should consider the following actions to increase access to diagnostic services, particularly allied health in regional and remote areas:<sup>4</sup>

- Rural background students: Prioritise recruiting students from regional/remote areas (including 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..
- 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).

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<sup>4</sup> Many of these are referred to or recommended in: National Rural Health Commissioner. 2020. Report for the Minister for Regional Health, Regional Communications and Local Government on the Improvement of Access, Quality and Distribution of Allied Health Services in Regional, Rural and Remote Australia. Accessed at <https://www.health.gov.au/sites/default/files/documents/2021/04/final-report-improvement-of-access-quality-and-distribution-of-allied-health-services-in-regional-rural-and-remote-australia.pdf>

## ToR (d): Gaps and barriers

Following the recommendations of the NDIS Review, the challenge now facing governments and service providers is to re-build a disability ecosystem that will foster early intervention care and support for children, provide community-based care and, and simple pathways into the NDIS for those who need it.

### Gaps in early intervention services

Since the introduction of the NDIS, and despite ostensible commitments through *Australia's Disability Strategy*, state and territory governments have taken a step back and ceased funding many of the disability support programs they used to commission. The remaining early intervention supports are limited in their capacity to link children and families to specialist supports including allied health and medical services, which are themselves often under-resourced and unable to meet demand. Speech therapists, occupational therapists, physiotherapists, psychologists, bulk-billing GPs and paediatricians are all in short supply, particularly in remote, rural and regional communities.

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 an NDIS Plan to access their service due to limited funding flexibility in contracts.

### Barriers to access

Changes are needed to address gaps in outcomes for vulnerable children, including those in rural and remote communities, Aboriginal communities, and culturally and linguistically diverse communities.

Specific barriers include:

- **Wait times:** Directly reflecting the changes wrought by the introduction of the NDIS, as noted above, there are now comparatively few 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 are able to access private services with relative ease, 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 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.<sup>5</sup> 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 are driving perverse outcomes in two ways. First, many families are seeking ADHD and ASD diagnoses for their children because those are recognised by the Department of Education as disabilities which attract additional educational support. Such diagnoses are also needed to obtain an NDIS Plan for children, which, in the absence of community and mainstream services, is perceived as the only avenue by which support can be obtained. In short, people are being driven to seek a diagnosis because that is the only way they can access supports, which is entirely contrary to the principles of early intervention.

Additionally, eligibility criteria are not well-aligned across programs, where criteria for entry to one program precludes access to another. To access some services children need a particular diagnosis, but this same diagnosis means that they are ineligible to access supports through other services. For example, one particular program offered to children with mild to moderate mental illness is unable to service children who are diagnosed with behavioural or neurodevelopmental disorders as the main presenting concern. Access barriers like this are a consistent challenge across different areas of NSW. Coordinated or joint commissioning processes, as addressed under ToR (e), should ensure that eligibility criteria for different services support access to all services that are needed.

### Focus on rural, regional and remote areas

Mission Australia provides a number of child and family services across the West and Far West regions of NSW. These include: Dubbo Family Support Service, Child, Youth and Family Support in Broken Hill; Family Preservation Service and Intensive Family Preservation in a number of locations. Our experience in running these programs highlights the shortage of funding and infrastructure in many areas of social and health service provision in these communities, with services generally focused in a few regional hubs.

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<sup>5</sup> Victorian Government. Children and young people who are not permanent residents of Australia. Statewide Cultural Engagement Program, Commonwealth Operations, COPL. Accessible at: [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](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)

Limited availability of services and supports, distance to access them and financial capacity of families to cover associated costs are a significant challenge for these communities. The long waiting periods to obtain appointments can result in significantly deteriorating health and wellbeing and can discourage people from seeking help at all. Some communities rely on medical and allied health professionals who visit intermittently, or who are on short term contracts, which affects continuity of care and means that people must regularly rebuild rapport with different professionals. The time cost of multiple professionals having to build rapport impacts the resources available to provide support. Embedding foundational supports in mainstream community settings can help to bring that continuity and build trust and develop the capacity of the early childhood sector to identify and address the developmental needs of children and refer when necessary.

It is important to note while there are many 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. This can also be a source of support in lieu of specialist providers, and if early intervention best practice guidelines are followed, the foundational supports ecosystem will prioritise informal types of support from the natural environment.

### **ToR (e): Opportunities to increase engagement and collaboration**

Partnership and collaboration across governments, sectors, professions and traditional service boundaries and coordination of service delivery has been shown to result in enhanced access to services, improved health outcomes, a wider choice for consumers, and a reduction in the use of inappropriate or unnecessary services.<sup>6</sup> An example of this is set out in the case study on Warren paediatric care in Appendix A.

These partnerships may take the form of formal agreements, cross-sector working groups, and regular collaboration between different service providers. However, collaborative processes including the co-design of services must be adequately resourced over time to be effective. Resourcing, including funding for collaborative efforts (including the relationship- and trust-building that is central to brokering and maintaining effective partnerships), clear roles for each sector, and shared data systems, have been identified as likely to help drive the development of sustainable partnerships and strong integration of services.<sup>7</sup>

Collaboration also 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.

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<sup>6</sup> Australian Health Ministers' Advisory Council op. cit.

<sup>7</sup> Centre for Policy Development op. cit.

## Hub models

Foundational supports should be embedded in mainstream settings and social and health service systems, rather than clinical settings. Recent research from the Centre for Community Child Health (CCCH) found that child and family hubs have the potential to meet many of the needs of children and families experiencing disadvantage and can fill a major gap in the current early years landscape.<sup>8</sup>

An effective child and family centre or hub will have the capacity to:

- Identify and support a child's learning and development needs.
- Provide access to early intervention supports.
- Identify broader issues that may be affecting a child's wellbeing, such as poverty, family violence and marginalisation.
- Provide support, referrals, and appropriate services in response.
- Provide a safe space for families to build connections.<sup>9</sup>

Recent Australian research has highlighted the benefits of transitioning to integrated and joined up service models using a strengths-based tiered care framework incorporating child and family hubs, which can double the early accurate identification of developmental needs and referrals, improving outcomes for priority groups.<sup>10</sup> An example of this in action is the STARS for Kids program (see box below and the submission from STARS for Kids to this Inquiry for further detail).

### 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 Communities for Children funded programs and services.

The STARS tiered care program comprises:

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<sup>8</sup> Social Ventures Australia. 2023. Happy, healthy and thriving children: Enhancing the impact of Integrated Child and Family Centres in Australia. Accessed at <https://www.socialventures.org.au/wp-content/uploads/2024/07/Enhancing-the-impact-of-our-Integrated-Child-and-Family-Centres-in-Australia.pdf>

<sup>9</sup> Social Ventures Australia. 2023.

<sup>10</sup> Eapen. 2024. Submission to the New South Wales Government Committee on Community Services Inquiry into Improving Access to Early Childhood Health and Development Checks.

- **Universal** access to early detection using the innovative technology of Watch Me Grow-Electronic (WMEG-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.

## The role of navigators

To help families access and coordinate services they need, recognising unique community needs, flexible navigation supports should be introduced within hub models. Families must be empowered participants in decision-making, with access to clear information and tools to advocate for their children. This could take the form of navigators, key support or peer support workers. A ‘one door approach’ to accessing support should be strived for, rather than disparate services that require different application processes. To achieve this, these workers need to be easily connected to - and be able to easily connect families with - multiple services.<sup>11</sup>

However, reliance on dedicated workers should not replace efforts to address service fragmentation. Child-serving systems require reform. While navigator functions can assist families to access services in a timely manner, they are a solution that does not change the fragmented, siloed system. Mark Smith and others have elucidated these ideas through the Liberated Method.<sup>12</sup> Mission Australia is working towards better systems through The Possibility Partnership, a group of Australian NGOs collaborating with communities, government, philanthropy and others to fundamentally reimagine the human services system and contribute to a healthier more equitable society where everyone has what they need to flourish.<sup>13</sup>

## 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 Communities for Children (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

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<sup>11</sup> Centre for Policy Development op. cit.

<sup>12</sup> See, for example, Smith, M., Hesselgreaves, H., Charlton, R. & Wilson, R. 2025. *New development: The ‘liberated method’—a transcendent public service innovation in polycrisis*. In Public Money & Management, published online 17 February 2025. DOI: <https://doi.org/10.1080/09540962.2025.2456120>

<sup>13</sup> The Possibility Partnership. Undated website. Accessed at <https://www.thepossibilitypartnership.org.au/>

other Community Partners to provide services in their area. It is an example of a program in which many diverse actors work collaboratively to support children in the local community.

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

In particular, 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 in undertaking this function.

### Improved commissioning approaches

Strategic reform of commissioning processes will be a key element of creating a cohesive approach to foundational supports. In general, across Australia, current commissioning of social services is neither efficient nor effective. Achieving the best possible outcomes requires a robust understanding of need that is informed by government, service providers and people with lived experience. Time is required to build relationships that will support the development of mutual goals based on a shared understanding of the problem. The following elements should be incorporated into all commissioning processes, and specifically into commissioning for foundational supports for children in NSW:

- Involving people and communities with living/lived experience (including, in this case, children with disability and their families and carers), 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 for children and their families.
- Procurement processes that encourage and resource collaboration between not-for-profit providers.
- Robust monitoring and evaluation to track progress and feed into continuous improvement.

Relational contracting is one example of a model of commissioning that prioritises a common understanding and goals between parties to a contract. 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.*<sup>14</sup>

We recommend that the NSW Government consider relational contracting approaches for the commissioning of foundational supports.

We additionally note that commissioning for foundational supports will need to take existing services and programs into account. This includes the ECEC Inclusion Support Program which is currently funded by the Commonwealth Department of Education, and the NSW-funded system of early childhood supports including maternal child and health, preschool programs, and other child and family support programs usually administered by NGOs.

We recommend a coordinated commissioning process, integrating the items listed above, to ensure clear roles, responsibilities and transparent funding flows to support healthy child development across different systems.<sup>15</sup>

## **ToR (f): Best practice outside of NSW**

Whole-of-system approaches that include universal, targeted and specialist services should be considered in the development of foundational support in NSW. The Pyramid Model is one example of this, built on a tiered system of universal supports for all children through nurturing and responsive relationships and high-quality environments, secondary prevention through targeted social emotional strategies, and tertiary intervention which is comprised of practices related to individualised intensive interventions. It looks strategically at how to combine evidence-based best practice in service delivery with workforce issues. Australian evidence suggests that use of Pyramid Model practices positively impacts outcomes for children, educators, educator teams and families.<sup>16</sup>

Evidence-based programs such as [ENVISAGE](#) and [The Hanen Centre](#) programs support implementation flexible to local needs with trusted place-based facilitators and peer workers:

- **ENVISAGE** is a validated evidence-based program of facilitated group workshops for parents and carers of young children, aged 0-8 years, with a newly identified disability or who have concerns

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<sup>14</sup> Frydlinger, D., Hart, O., & Vitasek, K. 2019. *A new approach to contracts*. Harvard Business Review Magazine, September-October 2019. Accessed at <https://hbr.org/2019/09/a-new-approach-to-contracts>.

<sup>15</sup> This closely aligns with recommendations made by the Centre for Policy Development and The Front Project. 2024. Foundational supports and inclusion in early childhood education and care. Accessed at <https://cpd.org.au/wp-content/uploads/2024/12/Foundational-Supports-and-Inclusion-Policy-Recommendations.pdf>

<sup>16</sup> Pyramid Model Australia. Undated website. Accessed at <https://www.pyramidmodel.org.au/>

regarding their child’s development. The program has been co-designed with parents, carers, service providers, health professionals and researchers to empower families.<sup>17</sup>

- **The Hanen Centre** has developed a range of high-quality interventions that meet the needs of a variety of children, including those with language delays/disorders, autistic children, and children who may benefit from social communication support. It has also developed programs for early childhood educators, which are grounded in research on the importance of responsive interactions between educators and children, which create an enriched language learning environment.

Researchers from the University of Melbourne are leading a consortium of partners to review best practice in early childhood intervention in Australia. The review will produce a best practice framework, resources and tools to help practitioners, professionals and families ensure all children with developmental concerns, delay or disability have the best possible start in life. These will be relevant to the implementation of foundational supports and are due to be published in April. We recommend that the NSW Government consult these in the development, commissioning and implementation of foundational supports for children in NSW.

## ToR (g): Workforce issues

The transition to a service system that provides foundational supports is a major undertaking and will take some time. Many service providers will need to refocus their services, retrain their staff and form new partnerships with other services. This will take time and a phased transition may be needed to avoid too much disruption.<sup>18</sup>

A number of actions will be required to meet the demand for foundational supports, including:

1. Funding and training to upskill workers to meet more specialised needs for children, especially to undertake formal therapeutic or counselling sessions with children;
2. Recruitment and retention strategies and incentives to address workforce shortages in rural and remote areas;
3. Flexible funding that allows for the workforce needed to address local solutions in context.

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<sup>17</sup> The Kids Research Institute Australia. 2025. ENVISAGE – ENabling VISions And Growing Expectations webpage. Accessed at

<https://www.thekids.org.au/projects/envisage/#:~:text=ENVISAGE%20is%20a%20validated%20evidence,concerns%20regarding%20their%20child%27s%20development.>

<sup>18</sup> PRECIS op. cit.

## **ToR (h): NDIS Review Final Report and the Disability Royal Commission Final Report**

Sound recommendations have emerged from the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (DRC), and the NDIS Review. In particular, we highlight the following findings and recommendations to the NSW Government. These underpin many of the observations and recommendations made in our submission.

### **DRC recommendations**

#### **Intensive family support services**

The report recommends ensuring access to intensive family support services for families of children with disabilities, enabling them to stay safely at home.

#### **Collaboration between child protection and education departments**

The report suggests developing policies and protocols between child protection and education departments to support children with disabilities in child protection systems, ensuring they can stay at school.

#### **Addressing the criminalisation of children with disabilities**

The report highlights concerns about children with disabilities being criminalized within the child protection system and recommends measures to prevent this, including therapeutic residential care and protocols between out-of-home care providers and police.

#### **Supporting parents with disability**

The report recommends providing disability, cultural safety, and trauma-informed training to child protection caseworkers and other professionals working with parents with disabilities, as well as ensuring advocates or other supporters are available to support parents during assessments.

### **NDIS Review recommendations regarding early intervention and a connected system of support**

#### **Early identification**

The review highlights the importance of early intervention, recommending better screening for developmental concerns in maternal, family, and child health centers, pre-schools, and kindergartens.

#### **Connected system**

The review proposes creating a connected system of support, integrating mainstream services (like early childhood education and care) with NDIS funding.

#### **Foundational supports**

Investment in foundational supports for children under 9 and their families outside the NDIS, including information, advice, peer support, and family support, is recommended.

**Lead practitioner role**

The review suggests a Lead Practitioner role to assist children who are not eligible for the NDIS, helping them develop skills and participate in everyday activities.

**Family-centred approach**

The NDIS early childhood approach focuses on family-centeredness, strengths-based, and fitting in with daily activities.

**Contact**

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## Appendix A Case studies

### Program case study: Relax Kids

#### What we noticed

In New South Wales (NSW), EC coordinators were implementing a short-term group program called Relax Kids, in response to goals of individual children in the early supports pathway. The sessions took place mid-morning once a week and were well-received by the participants, who expressed the value of the program in supporting their parenting skills. However, during the sessions, several participants shared feedback that highlighted gaps in accessibility. Specifically, there were comments about the challenges of getting other carers/dads involved, and concerns from families who knew of the program but couldn't attend due to the timing of the sessions.

This feedback prompted coordinators to take time after the session to directly engage with participants and ask for their suggestions on how to make the program more accessible to a wider range of families.

#### What we did in response

In response to this feedback, the local team took proactive steps to ensure the program was more inclusive and accessible to all families. The team engaged in discussions about how to improve the flexibility of services and how to better reach families who faced barriers to attending the existing group sessions.

One key recommendation was to offer the Relax Kids program outside of regular hours, which would allow greater flexibility for working parents and families with varying schedules. Additionally, there was a strong preference to deliver the sessions virtually, enabling participants to attend from the comfort of their own homes and allowing for greater participation without the need to commute or arrange childcare.

Taking these suggestions into account, the team adapted the program's resources to suit an online format and worked with families to identify the most convenient times for evening sessions. Over the course of several weeks, the group was successfully offered virtually during evening hours, enabling a wider range of participants, including dads and other family members, to get involved.

We discussed this case study through our internal national governance structures and saw teams at other sites add it to their broader discussions and we have since seen EC Coordinators conducting other programs such as Circles of Security educators in early learning centres after hours.

#### Linking to Early Childhood Intervention Best Practice Guidelines:

This initiative aligns strongly with the Early Childhood Intervention Best Practice Guidelines, which emphasise the importance of family-centered and flexible approaches in delivering services. Specifically, the guidelines highlight:

**Family-Centered Practice:** Ensuring services are responsive to the needs of the family unit, not just the child, is a core principle. By adjusting the delivery times and format of the program, the team ensured that all family members could engage in a meaningful way.

**Inclusivity:** Providing virtual options and out-of-hours sessions helped make the program accessible to a more diverse range of families, particularly those who might otherwise have been excluded due to time constraints or logistical challenges.

**Capacity Building:** By offering the program in a way that allowed families to participate and learn together in their own time and space, the service helped build the capacity of the family to support their child's development in a natural, everyday environment. The virtual format also enabled families to revisit the materials and strategies at their convenience, reinforcing learning.

**Listening and Responding to Feedback:** The team demonstrated a strong commitment to feedback-driven improvement, taking participants' concerns seriously and adapting the service to meet the diverse needs of the families.

### 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.